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ABSTRACT

Providing educators with a comprehensive resource document that will be useful in researching and developing effective drug abuse education programs is the intent of this document. As an orientation to its use, two terms are discussed at length--addiction and habituation. In addition, some of the most commonly used drugs are described. Bibliographic references comprise the major portion of the book. Citations are given for books, lay periodical articles, professional journal articles, pamphlets and booklets, reports, indexes, abstracts, bibliographies, glossaries, audio visual aids, and agencies offering drug abuse information. Supplementary narrative material in several areas elaborates on: (1) a chronology of important federal legislation regarding narcotics and dangerous drugs, (2) legal considerations as to drug involvement by students in schools, (3) program suggestions for drug education programs, (4) a list of stimulant and depressant drugs, and (5) a comprehensive glossary of slang and scientific drug terms. (BL)

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A Resource Guide for Educators

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Compiled and Edited by Jay T. Dunigan
Capital District Regional Supplementary Educational Center

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DRUG ABUSE
A RESOURCE GUIDE FOR EDUCATORS

Compiled and Edited by

Jay T. Dunigan

April 1971

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PREFACE

It is our intention in preparing this document to provide educators in this region with a comprehensive resource document that will be useful in researching and developing effective drug abuse education programs. The phenomenon of drug abuse has found most educators insufficiently prepared to face the problem. Most of the educators we have been associated with have expressed a desire to upgrade their personal level of information regarding drug abuse and about resources dealing with the topic.

This publication is in direct response to that kind of request. Its existence is attributable to the diligent efforts of Jay Dunigan. Those who know the tremendous number of hours needed to properly search out, review, compile and edit such a comprehensive work can truly appreciate the thanks we owe and extend to Mr. Dunigan. In addition, we wish to thank Miss Gail Rauch and Mrs. Diane Wheeler for their help in typing and preparing the manuscript for publication.

On behalf of the Board of Directors, and the Center staff, I take great pleasure in presenting this resource work to the many educators in this region who stimulated its existence.

Alfred J. Cali

Alfred J. Cali
Director

Albany, New York
April 1971

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INTRODUCTION

Drug abuse is not a new phenomenon. It has been with us since the dawn of mankind. Why then has it only now, in the past few months been elevated to the list of our nation's top priority problems?

Until recently drug abuse was a problem which affected mainly our urban poor adults and older youths. As a nation we were concerned but not upset. Things are different now. Drug abuse has broken out of the black and brown ghettos. It now lives and lurks in all of our lives. Those most seriously affected today are our youth. Those least able to cope with the problem are most often hit by it.

As a partial orientation to the use of this resource volume, we would like to present a discussion of two terms critical to a full understanding of drug abuse and then a few words about the most commonly abused drugs. You will notice the absence of discussion on the three most popular and widely used drugs in America, namely alcohol, nicotine and caffeine. The two critical terms to be discussed are frequently used interchangeably when in fact they are quite different. They are *addiction* and *habituation*.

Addiction is a physiological dependence characterized by two factors: tolerance and withdrawal. An addicted person becomes sensitized to the addictive substance and thereby needs proportionately greater amounts of the drug in order to acheive the desired effects. Secondly, the addictive substance effects certain critical bodily processes in such a way that it replaces or greatly diminishes these processes. Upon discontinuance

of the drug a gap is created. The body is left without the effect of the drug and without the critical processes that the drug has replaced. This gap is characterized by severe physiological disturbances in normal functioning of the body. At best the condition is extremely painful and at worst death can be the result. This is what is meant by the term withdrawal.

Habituation is a psychological dependence. Neither tolerance nor withdrawal need be evidenced for habituation to take place. There is a strong mental yearning and to some degree a physical craving for the drug. One doesn't need the habituating substance in order to function but does want it very badly for any number of reasons.

Let's look at the process of becoming addicted to Heroin by way of example. Let's assume that you have never used this drug for any purpose. You don't need it to go on living. You don't even want it because you don't know what it's like. However, you suspect that Heroin might be quite nice because so many people have gotten *hooked* (addicted) on it. However, you know that you won't become addicted because you know the dangers and will only try enough of it to find out what it's like and then stop.

Well, it's available from a friend at work or from a store keeper you know or some how, so you decide to try some and guess what! It's free! Yes! Your friend gives it to you to try.

You have no problem because you aren't going to inject it. All you do is sniff it up into your nose. It really is quite pleasant. It lessens the tensions of your day; even makes you feel like the old you. Of course you do get a little sleepy from it but that's to be expected from an important busy person like yourself. It's easy to see now that you can handle this drug and that it's not as dangerous as everyone is trying to make people believe. Of course, you aren't stupid. You know, if you were to start injecting it into your veins, that you would soon become addicted and that would be horrible. But, it will never happen to you. One reason that you could never become addicted is because you hate needles.

Now that you know how to handle *horse* (Heroin) you decide that it won't hurt to *snort* (sniff) some once in a while. So you do. Now it's not free however. Only the sample was free. You are now habituated to the drug but not addicted. You don't need it and there is no tolerance and would be no problem of withdrawal if you decided to stop now. But why stop? If you have no addiction problem why not use it in a controlled way and get the fun out of it. Make no mistake, it is fun. It is really quite nice.

You begin *snorting* with your friends on an occasional basis. After a few months things are not all that they used to be. *They* (the suppliers in New York) are diluting the stuff so much now, that in order to get the same effect, you have to *snort* twice as much as when you first started. It's not that you are building a tolerance to the drug. It's just that the *pushers* (sellers) in New York City are getting greedier and so you have to compensate for their greed.

All along your friends, who also *use* (take drugs), have been trying to get you to *shoot up* (inject) but you are too smart for that. But there is a short cut you could take. You've seen Bob *skin popping* (injecting the heroin subcutaneously rather than intravenously). Here is a way you could really help yourself out and at the same time lessen the chances of your becoming addicted. Everybody knows that if you take the drug this way you need less than if you *snort* it and so your chances of getting *hooked* are much less. So you try it.

All is fine again now. You get the same old *rush* (feeling) that you used to when you first started *snorting*. Life is just great and you can make it even better with a quick *pop* (subcutaneous injection) of your friend *H* (Heroin).

This pattern continues for a time and then you begin to need more and more to get the same old *jolt* (feeling). You know now that the vein is the next step and so, being the intelligent person that you are, you decide it's time to quit. You are needing more and more *horse* not because of it being *cut* (diluted) but really because you have developed a tolerance to the drug and your need is becoming greater all the time.

It is time to quit so you try. It is really not so easy, however, since your life has changed so much in the past few months. All your friends are now *users*. After all your old friends wouldn't understand. They aren't nearly as smart as you and are really quite *square* (opposed to drugs).

So you are trying to *get off* (stop using) a drug that all your friends use. That makes it hard, so you don't try to *kick cold turkey* (stop using abruptly). It is really amazing the great vocabulary you have developed. It's good to know that you can talk to your friends using your own special *non-square* language.

To be honest, however, it is hard getting off the *horse*. Everything goes against you and your friends don't help because they don't want to lose you from their group.

Things are so bad that, one evening over at Bob's, you make a big mistake. You have been *clean* (drug free) for a week and you really feel bad. Your eyes and nose have been running and you really need a little *jolt* (small dose) just to *take the edge off* (relieve the symptoms of withdrawal). Bob is going to *shoot up* and offers you a *fix* (an injection). Again you rationalize by saying that the less *horse* you take the better off you are. So you *mainline* (inject intravenously) for the first time. Bob is really impressed with the smallness of the amount you needed to *get straight* (overcome withdrawal symptoms). He only gave you what he thought he would need to *scare away withdrawal* (eleviate the withdrawal symptoms) and it really sent you *flying* (gave you a good drug experience). What a wonderful *rush*. Just like old times, only better!

You decide that *mainlining* is the way to *kick* and so you begin to *hit* (inject) two or three times a day. Now you are scared because you fear you might be becoming addicted. Actually you know you have been addicted for a long time. It is easy to blot out the fear, however, simply by taking another *blast* (injection) from the needle.

You are smart though. You aren't a run of the mill *junkie* (drug addict). You have a college degree, perhaps two or three, and you can handle yourself. You know that you are in a bad way and so you arrange to see a lawyer you went to college with. He will get you *clean*. He gets you into a *live-in* (residential facility) for *junkies* that will *drag you off your horse cold turkey* (detoxification by abrupt withdrawal without the aid of supportive drugs).

You show up at the place on December 20th. Yes, you'll miss Christmas and all that, but it is a great feeling to know you will be free of *junk* (narcotics) by the end of the holidays and this is a good time to disappear for a few weeks without causing any suspicion.

You get there about four in the afternoon, meet the staff, have a conference with the director, sign some papers, eat supper, and go to bed.

Everything goes well all night. You sleep pretty well and dream of being free of the Heroin. After a big breakfast you settle down with the morning papers and notice that your nose is running; probably a cold coming on.

It is now about 14 hours since you arrived. You begin to yawn a lot and also you notice that you are perspiring and it is not really that warm.

Later that evening the group gathers in the dining room for supper but you won't be there. You are in your room "strapped to your special bed". The cramps in your back, legs and abdomen are bad but you are most bothered by the uncontrolled twitching of your muscles. Just a small shot would cure things, but you won't get it here. You have goose flesh (similar to the cold flesh of a freshly plucked turkey) all over your body and your pupils are so dilated that even the dim light overhead hurts your eyes. The orderly at your side helps you vomit again and again, but is unable to let you up to handle the diarrhea. Your temperature is up to 103°. You wish you would die and get it over.

After a few days of hell, the symptoms of withdrawal begin to subside.

It is 10 days now and you are still bothered a bit by the twitching in your legs. You know now where the expression *kicking the habit* originated.

Well, it is finally over and you are *clean*. You still want the drug but the physical dependence is gone. You will always be sensitive to Heroin but your tolerance level has been greatly diminished. The normal processes of your body have reestablished themselves and there is no longer a physiological need for the drug. You will never be free of your habituation however. You will always want the drug and will always live with the fear that you may relapse.

Can you feel confident that you won't return to your addiction? Statistics show that only about 2% of those addicted to Heroin are able to remain free of the drug on a permanent basis. Was it worth it?

Scare stories such as the above don't impress students. The reason for relating the preceding story is twofold. First to provide you with a clear understanding of *addiction* vs *habituation* Secondly, I want you to see the elaborate rationalizations that addicts make to satisfy their own guilt feelings toward what they are doing.

Narcotic Addiction Control Commission officials admit that there are 500 plus known heroin addicts in Albany, New York. If this is the published figure, what must the iceberg look like under the waterline?

As a nation we are in a state of near panic and with good reason. If the problem of drug abuse continues to grow and multiply itself at its present rate, we should be a nation of physical and psychological cripples by the turn of the century. Are we headed towards a psychedelic dark ages?

Let us take a look at some of the more commonly abused drugs. For convenience we have categorized them separately. But, make no mistake they often travel together.

I. NARCOTIC DRUGS

A. Opium - A dark colored or black tar like gum obtained from the seedpod of the opium poppy. Most opium used in the United States comes from Turkey although it is also grown in India, Laos, Iran, Russia, and Yugoslavia. Smaller amounts are also grown in China, Burma, Thailand, and Mexico. The opium poppy does best in hot dry climates where few other crops would survive. It is an unpleasant and rather tedious job to harvest the juices and so it is most profitable to grow where labor is cheap. An acre of poppies will produce only a small amount of opium and the produce of a whole village of farmers is small enough for one man to carry

on his back. One kilo of the raw drug (2.2 pounds) sells for about $30 on the Turkish black market. If properly handled it can be converted to a quarter of a million dollars worth of street grade heroin. Opium may be eaten or smoked in a pipe and produces a dreamy half awake stupor. It is not opium itself but its derivatives which are causing the largest narcotic drug problem in America today. From opium are made, Heroin, Morphine and Codeine. Paragoric is also an opium compound consisting of opium and camphor in an alcohol solution.

B. Morphine - A white powder with no odor and a bitter taste. It is much stronger than opium and was first made from it in 1805 by a chemist named Serturner. He named the drug for Morpheus the god of sleep. Doctors use morphine to relieve pain. It is highly addictive and thus used sparingly even in severe medical emergencies. Morphine is usually sold in capsule form costing $2 to $4 or in a *bag* (deck) for $3-$6. The usual way to take it is to make an aqueous solution, strain it through cotton and inject it under the skin or directly into a vein.

C. Heroin - White crystalline powder very similar to morphine, from which it is made. Heroin was first made around the turn of the century and was widely acclaimed as a cure for opium and morphine addiction. All opium and morphine addicts who were treated with heroin. were cured of their habits. In reality, however, they became heroin addicts instead. Heroin was outlawed in the United States in 1925. The illegal heroin sold in America today is only about 5% pure. Most of it comes from the Turkish opium poppy via laboratories located in and around Marseilles. It is referred to by many names such as H, horse, smack, skag and others. Heroin is sold in small plastic bags called decks. Usually it is sniffed to begin with then injected under the skin and finally *main-lined* (injected into the veins). A heroin habit can cost from $5 to $200 per day.

D. Codeine - A white powder or crystal, although addicting it is much milder than morphine or heroin. It is used for minor pain and as a cough suppressant. Young people are abusing codeine found in exempt narcotic cough preparations. An exempt narcotic is a preparation that contains a narcotic drug but in such small amounts as not to need the supervision of a doctor when taken as directed. Therein lies the hitch. A popular exempt narcotic cough medicine is Terpin Hydrate

and Codeine. It can be bought in 4 ounce bottles; each of which contains 4 grains of codeine. In addition it is 44% alcohol or 88 proof. This puts it in a class with any bar whiskey. Recommended dosage is one teaspoonful for coughs. An abuser will sometimes drink as much as 4 or 5 bottles at a time. This is 16-20 grains of codeine which is more than 100 times the recommended dosage of the drug. In addition the abuser gets as a bonus; the equivalent of almost a fifth of any good whiskey.

E. Percodan - A recently synthesized derivative of codeine. It is stronger than codeine and used mainly as a pain reliever. This is not exempt.

F. Dilaudid and Metopan - White powders made from opium and are similar to the actions of morphine and heroin.

II. SYNTHETIC NARCOTICS

A. Demerol - A chemically synthesized substitute for morphine. Similar in action although somewhat less addictive, it is usually injected.

B. Methadone - Originally synthesized as a pain reliever with properties similar to morphine. Methadone is now being used as a substitute drug for the heroin addict. A maintenance dose can be taken only once a day. It is dissolved in orange juice and taken by mouth. One does not get the *rush* one gets from heroin. However, methadone blocks the effects of heroin and therefore the craving for it is diminished or eliminated. It is hoped that gradual detoxification using methadone will be more successful than *cold turkey* withdrawal from heroin.

III. DEPRESSANT DRUGS

A. Barbiturates - These are sedative drugs chemically synthesized for the purpose of aiding recipients to sleep. Because of the erratic behavior of those people who abuse barbiturates and refuse to succumb to sleep, barbiturate pills are often referred to as *goof balls*. Many of the slang terms refer to the gay colors in which these pills are packaged. They usually come in capsule form and are brightly colored combinations of red, blue, yellow, and green. In the past 40 years, the volume of barbiturates manufactured in America has increased over 1000%. Persons who abuse them appear to be intoxicated and often die due to accidental overdoses. Barbiturates are

also a popular method of suicide. Barbiturates are addicting and abrupt withdrawal can cause severe reactions evidenced by convulsions and even death.

B. Barbiturate-Like Drugs - There are many other drugs available now which have sleep inducing properties similar to the barbiturates but are not addicting. Two such drugs are Doriden and Noludar. The lack of addictiveness, however, should not lessen our respect for the potential of these drugs to be extremely hazardous when taken outside of recommended dosages and for purposes other than for what they were intended.

IV. TRANQUILIZERS

A. Major Tranquilizers - Primarily those of the Thorazine and Sparine type are usually injected, but can also be taken orally or anally. They were originally developed to treat mental illness and now are used for a wide variety of medical reasons.

B. Minor Tranquilizers - Less potent and consequently less dangerous, these are the meprobamates and related drugs. Equanil and Miltown are examples of popular meprobamate compounds. Other popular minor tranquilizers are Valium, Librium, Trancopal, Striatran, Doriden, and many others. These drugs, of themselves, do not produce euphoria or other effects desired by drug abusers. They do, however, act as potentiators of the effects of other drugs. So for example, a strong but non-lethal dose of barbiturates could cause death when taken in combination with one of the tranquilizing drugs.

V. STIMULANTS

A. Cocaine - The most powerful of the stimulant drugs. Although many people believe it is addicting it is not. However, a strong psychological dependence usually develops soon after the abuser is introduced to the drug. It is often referred to as a "society drug" because of its high cost. Cocaine is sold in one gram amounts known as *spoons* at a usual cost of $50. The pure drug is usually cut 16 times, making a kilogram worth more than $800,000 on the street. The drug comes from the Coca plant *Erythroxylon coca* and is grown mainly in Peru and Bolivia. It is usually sniffed into the nose causing severe irritation to the nasal membranes. Its stimulating properties will cause mood elevation often reaching euphoria. It also decreases hunger, causes indifference to pain and is reported to be

the most powerful anti-fatigue agent known to medicine. Some abusers have been known to suffer psychotic reactions bordering on paranoia.

B. Amphetamines - These are stimulant drugs which are chemically synthesized and much more widely abused than cocaine mainly because of their availability and cheapness. Amphetamines were originally developed to treat depression in mental patients. They are now used widely to treat narcolepsy (excessive sleeping), in weight control and as an anti-fatigue medication. They are also useful in treating hyperactive children. Strangely enough in such cases amphetamines have a calming effect on the overactive child. Amphetamines are usually taken orally, but may also be injected by the more seriously involved abuser. They have many names but are generally referred to by abusers as *Speed*. This name is given to them for their accelerating effects on most body processes. Even a *Speed Freak* will admit, *Speed Kills*.

VI. DELERIANTS

A. Toxic Solvents - Various substances the vapors of which are inhaled *to get a high*. Included in this category are: glue, gasoline, ether, and lighter fluid. The glues contain such substances as toluene, benzene, carbon tetrachloride, ethyl alcohol and ethyl acetate. These chemicals are known to cause brain, liver and kidney damage and also in some instances inhibit red blood cell growth and development. Symptoms of this type of drug abuse are: loss of appetite and weight, inflammation of eyes, nose and lung tissues and a drunken stuporous appearance.

VII. HALLUCINOGENS

A. Marijuana and Hashish - These substances both come from the leaves and flowering tops of the Indian hemp plant *Cannabis sativa*. Hash is a concentrated form of marijuana and is usually made from the resinous materials found in the tops of the plants. Cannabis will grow almost anywhere and has been known to man for over 5,000 years. It has long been cultivated in America as a source of hemp fiber for making rope. Cannabis was not used as an intoxicant here until around 1900 when it was introduced from Mexico to the *bon vivants* of New Orleans society. Marijuana is most often smoked, either in cigarettes or pipes, although it is also sometimes eaten. Although they are non-addicting and relatively minor factors when compared with the other drugs being abused, marijuana and hashish

are often blamed for almost all the evils of drug abuse. While studies show that over 98% of all heroin addicts smoked marijuana before they progressed to heroin, other studies show that fewer than 5% of all marijuana smokers ever progress to Heroin abuse.

B. LSD - Lysergic Acid Diethylamide - A white, odorless chemical so powerful that one ounce will provide a dose for 300,000 people. It is sold in powder form in capsules or in 1 cc. viles at a cost of from $5 to $10 per dose. LSD has been approved by the Food and Drug Administration for medical research with mental patients. It is the most powerful hallucinogen known to man at the present time. Experiences with the drug usually include vivid hallucinations that are known as *trips*. About two thirds of the users report extremely pleasant almost mystical experiences. One third of the users suffer severe psychotic reactions. It is not unusual for a user to have a series of good trips and then have a *bummer* in which they have a really bad time and swear off the drug. LSD is not addicting although it has been demonstrated that a temporary tolerance to the drug is developed. LSD is probably the most unpredictable and therefore most dangerous of the hallucinogenic drugs.

C. Chemicals Related to LSD - D.M.T., D.O.M., S.T.P., and others are related to LSD both in chemistry and effects. None of these are as potent as LSD.

D. Psilocybin - Another LSD like hallucinogen is prepared from a certain variety of mexican mushroom. It is sometimes referred to as the *magic mushroom*.

E. Peyote and Mescaline - Peyote is the dried button of the dumpling cactus which grows in Mexico and Southwestern United States. Indians have used peyote in religious ceremonies for centuries. Mescaline is the psychoactive ingredient in peyote and can be chemically synthesized in the laboratory. Reactions to these drugs are hallucinogenic and somewhat similar to those of LSD although not as intense and not as longlasting

Exclusive of alcohol, nicotine and caffeine which are available rather extensively and legally, the above are the drugs most frequently abused in America at the present time.

In the body of this resource book, we have included as much information as we could find, for your use in building drug abuse education programs. We know we couldn't put everything in this book so instead we have tried to include information telling you where you can go or look to get everything you need. It is our opinion that this resource volume is among the most comprehensive bibliographic and resource references thus far prepared and made available for the use of educators.

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D.C. Heath and Company, 2700 North Richardt Avenue, Indianapolis, Indiana, 46219. Raytheon sound filmstrips -- 10 titles #51102: Drugs; Drugs - Introduction; Alcohol: An Introduction; Alcohol: Its Effects; Barbiturates and Amphetamines; LSD and LSD-Type Drugs; Marijuana; Narcotics; Problem Drinking an Example; and Teenagers and Drugs.

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Escape to Nowhere 1968, color, 25 min. Professional Arts, Inc., P.O. Box 8484, Universal City, California 91608. Suburban Sr. High School, suburban adults. Covers: LSD, Marijuana, Hashish, Heroin, Methedrine, Amphetamine. Purchase $275. Rental $27.50 for three days.

Eye Gate House, Inc., 146-01 Archer Avenue, Jamaica, new York 11435.
Filmstrips: 190C Narcotics - Background and Information -- Uses
190D Narcotics and Health--Crime and Addiction--Sound
190E The Control of Narcotics, Legislation and detection -- Sound

FDA Special Report: Drug Abuse-Bennies & Goofballs 1967, B&W, 20 min. Precision Film Labs., 21 W. 46th Street, New York, New York 10036. Sr. High School, adults. Covers: Amphetamines, barbiturates. Purchase: $30.79.

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#103E109 Marijuana: What Can You Believe -- Sound
#M100-907 The Drug Threat: Your Community's Response -- Sound

"The Drug Information Series: Sedatives, Narcotics, Stimulants, Psychedelics"-- Sound
#M101-160 Sedatives -- Sound
#M101-061 Stimulants -- Sound
#M101-087 Narcotics -- Sound
#M101-046 Psychedelics -- Sound

Hide and Seek, 1966, color, 14 min. Center for Mass Communication of Columbia University Press, 440 110th Street, New York City, 10025. Suburban College, Jr. & Sr. High School. Covers: Heroin, Marijuana. Purchase: $150, Rental $11.

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The Instructor Publication, Inc., School Street, Dansville, New Jersey 14437. ... Dial a Drug paperback text, drug information teaching wheel for students and teachers (large bulletin-board size) with teachers manual.

International Education & Training, Inc., 1776 New Highway, Farmingdale, New York 11735. ... Complete multi-media program Narcotics and Drug Abuse transparencies, tapes and books:
#86301 Elementary School level book "Man, Pain and Drugs"
#86000 62 color transparencies with teacher's guide.
#86302 Junior High School level book "Decision"
#86303 High School level "The Drug Society"
#86202 Tape "Drugs and our Lives" grades 1-4
#86204 Tape "Witchcraft to Modern Medicine" grades 5-8
#86206 Tape "Why Drugs" JH
#86208 Tape "How Drugs Abuse Affected my Life" JH
#86210 Tape "The Search and Development of Modern Drugs" HS
#86212 Tape "Escape From Drugs" HS

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Narcotics: Why Not 1966, color, 15 min. Charles Cahill & Associates, Inc. P.O. Box 3220, Hollywood, Calif. 90028. Jr. & Sr. High School, adults. Covers: Heroin, marijuana, "Pills", glue. Purchase: $175, $90 B&W.

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Research Report: THC - The Chemistry of Marijuana 1968, B&W, 36 min. NET Film Service, Indiana University, audio-visual center, Bloomington, Indiana 47401. Adult. Covers: Marijuana, THC. Purchase: $180. Rental $7.40.

The Seekers 1967, color, 30 min. State of New York Drug Addiction Control Commission, Albany, New York 12203. Sr. High School. Covers: Heroin, marijuana, LSD. Purchase: $340.

Smart Set International, Inc., Taft Building, Hollywood & Vine, Hollywood, California 90028. ... Posters, bumper stickers, lapel pins, decals.

Speedscene: The Problem of Amphetamine Abuse 1970, color 17 min. Bailey Film Associates, 11559 Santa Monica Blvd., Los Angeles, California 90025. Jr. & Sr. High School, college, adults. Covers: Amphetamine. Purchase: $210.

Society for Visual Education, Inc., 1345 Diversey Parkway, Chicago, Illinois 60614. filmstrips "Critical Areas of Health":

#572-SR - contains sound filmstrips
#572-1 "Tobacco and Your Health"
#572-2 "Alcohol and Your Health"
#572-3 "Venereal Disease and Your Health"
#572-4 "Drug Misuse and Your Health"

"Drugs in Our Society" #C790-SR-contains six filmstrips, 3 records, 6 guides:

#C790-1 "Tobacco: The Habit and the Hazards"
#C790-2 "Alcohol: Decisions About Drinking"
#C790-3 "RX: Not for Kicks"
#C790-4 "Narcotics: Uses and Abuses"
#C790-5 "Marijuana: A Follish Fad"
#C790-6 "LSD: Worth The Risk?"

Tane Press, 2814 Oak Lawn Avenue, Dallas, Texas 75219. Filmstrips:

"Tell it Like it is" -- Sound
"Glue Sniffing: Big Trouble in a Tube"
"Let's Talk About Goofballs and Pep Pills"
"LSD: Trip or Trap"
"Smoking....or Health"
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AGENCIES OFFERING DRUG ABUSE INFORMATION

Addiction Research Center, U.S. Public Health Service Hospital, Lexington, Kentucky 40408.

Alcoholism and Drug Addiction Research Foundation, 24 Harbord Street Toronto 5, Ontario, Canada. H. David Archibald, Executive Director

American Association for Health, Physical Education and Recreation. Affiliate of the National Education Association, 1201 16th Street, N.W., Washington, D.C. 20036.

American Cancer Society, 219 East 42nd Street, New York, New York, 10017.

American Council on Alcohol Problems, 119 Constitution Avenue, N.E., Washington, D.C. 20002.

American Medical Association, Council on Mental Health, 535 North Dearborn Street, Chicago, Illinois 60610.

American Medical Association, Program Service Department, Drug abuse education. Editorial, by James R. Hickox, Director. Texas Med 65: 31-3, March 1969. Mentions drug abuse information kit, p. 32

American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.

American Psychiatric Association, 1700 18th Street, N.W., Washington, D.C. 20009.

American Social Health Association, 1790 Broadway, New York, New York 10019. Phillip Mather, Chairman, Narcotics Advisory Committee.

Association for Research in Nervous and Mental Diseases, 700 West 168th Street, New York, New York 10032.

Blue Cross-Blue Shield of North Eastern New York, 1215 Western Avenue, Albany, New York 12203. Publishes four books of interest to those studying Drug Abuse. They are: "Drug Abuse - The Chemical Cop Out", "Adolescence for Adults", "Generation In The Middle", and "The Alcoholic American".

California, Department of Education. Drug abuse: a source book and guide for teachers. Max Raferty, Superintendent of Public Instruction. Sacramento, 1967, 131 p., Selected references for teachers, p. 125-31.

California Narcotic Addiction Control and Rehabilitation Program, State Department of Corrections, Sacramento, California 15814. Walter Dunbar, Director.

Department of National Health and Welfare of Canada. Ottawa, Ontario, Canada.

Drug Information Center. The Albert B. Chandler Medical Center, University of Kentucky. Lexington, Kentucky 40506. Drug information service: drug and drug product information for the health professions (dentistry, nursing, medicine and pharmacy) made available through the services of drug information specialists and medical librarians. Access to technical information by direct toll-free telephone hook-up: Dial 1-800-432-9516 (for Kentucky only). Publications of special interest are available through the center's reprint service.

Federal Bureau of Narcotics, Washington, D.C. 20226. Henry Giordano, Director.

Institute for the Study of Drug Addiction. 680 West End Avenue, New York, New York, 10025.

International Narcotic Enforcement Officers Association, 84 Holland Avenue, Albany, New York 12208, John Bellizzi, Executive Secretary.

International Reference Center for Psychotropic Drug Information Psychopharmacology Research Branch. National Institute of Mental Health. 5454 Wisconsin Avenue, Room 10-D-01, Chevy Chase, Md. 20015.

Kiwanis International, 101 East Erie Street, Chicago, Illinois, 60611. Operation drug alert: a major emphasis program for 1970 and 1971. Also publishes Deciding about drugs, a compact guide for the teenager, "that describes all of the most dangerous drugs, narcotics, and hallucinogens, their effects and the penalties for their use." For further information, including how to sponsor an ODA van [drug education mobile] for your county, contact Kiwanis International or your local Kiwanis Club.

Lower Eastside Neighborhoods Association, 214 E. 3rd Street, New York, New York 10009 Martin Livenstein, Executive Director, Narcotics Information Service.

Metropolitan Life Insurance Company, One Madison Avenue, New York, New York 10010.

Narcotic Addiction Foundation of British Columbia, Vancouver, B.C., Canada.

Narcotics Education, Inc., P.O. Box 4390, 6830 Laurel Street, N.W., Washington, D.C. 20013, It publishes "Washington Narcotics Newsletter".

National Family Council on Drug Addiction, 401 West End Avenue, New York, New York 10025. Nathan Zucker, Executive Director.

National Library of Medicine, Reference Services Division, Reference Section, Bethesda, Maryland 20014.

National Research Council - National Academy of Sciences, 2101 Constitution Avenue, N.W., Washington, D.C., 20037. Committee on Drug Addiction and Narcotics.

National Association for the Prevention of Addiction to Narcotics (NAPAN), Nathan Strauss III, President, Hotel Astor, Room 232, Times Square, New York, New York, 10036.

New York City Department of Health, Office of Narcotic Coordinator, 125 North Street, New York, New York 10013. Theodore Rosenthal, Coordinator.

New York Neighborhoods Council on Narcotic Addiction, 306 East 103rd Street, New York, New York 10029, Rev. Norman Eddy, Chairman, Community Education Services.

New York State Narcotic Addiction Control Commission. Executive Park South, Albany, New York 12203. Publishes free of charge a quarterly periodical: The Attack on Narcotic Addiction and Drug Abuse; NACC Reprints, which presents single articles or speeches with the permission of the publisher; descriptive leaflets and lists of films, and other brochures on specific drugs and classes of drugs.

Pharmaceutical Manufacturers Association, Committee on Narcotics, 1411 K Street, N.W., Washington, D.C. 20005, William Dowling, Jr., Chairman.

The principal Federal agency responsible for drug abuse information and research is the National Institute of Mental Health, which through its Office of Communication maintains two clearinghouse branches.

a. National Clearinghouse for Drug Abuse Information, Office of Communication, National Institute of Mental Health, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20015. Established in 1970.
b. National Clearinghouse for Mental Health Information, Office of Communication, National Institute of Mental Health, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20015.

Riverside Hospital, North Brother Island, New York, New York 10054 Dr. Victor Breth, Medical Superintendent.

Rutgers University Center of Alcohol Studies, New Brunswick, New Jersey, 08923.

S.T.A.S.H., The Student Association For The Study of Hallucinogens, Inc., 638 Pleasant Street, Beloit, Wisconsin 53511.

Superintendent of Documents. U.S. Government Printing Office, Washington, D.C. 20402.

U.S. Food and Drug Administration, Science Information Facility, Medical Library, Parklawn Bldg., 5400 Fishers Lane, Rockville, Maryland, 20852.

Washington Heights Rehabilitation Center, 540 West 135th Street, New York, New York 10031, Leon Brill, Project Director

Chronology Of Important Federal Legislation Regarding Narcotics And Dangerous Drugs

1906-Federal Pure Food and Drug Act. Regulates the use of patent medicines containing opiates.

1914-Harrison Narcotic Drug Act. Regulates manufacture and distribution of morphine, cocaine and other narcotics within the country. Still the chief federal law for controlling illicit narcotic traffic.

1922-Narcotic Drugs Import and Export Act. Provides heavy penalties for illegal import and export of narcotic drugs.

1937-Marijuana Tax Act. Marijuana was placed under federal control through taxing power, providing the same type of controls over marijuana as the 1914 legislation placed over narcotic drugs.

1946-Harrison Narcotic Act Amendment. The 1914 law was amended to include synthetic substances having addiction-forming or addiction-sustaining qualities similar to cocaine or morphine.

1951-Boggs Amendment. Introduced mandatory minimum sentences for all narcotic drug and marijuana offenses and prohibited suspension of sentences and probation for second offenders.

1956-Narcotic Drug Control Act. Raised mandatory minimum sentences. With the exception of first offenders for possession only, it prohibits suspended sentences, probation and parole.

1960-Narcotics Manufacturing Act. Provides for licensing and establishment of manufacturing quotas for all manufacturers of narcotic drugs.

1965-The Drug Abuse Control Amendments to the Federal Food, Drug and Cosmetic Act provide for stronger regulation of the manufacture, distribution, delivery, and possession of stimulants, depressants and hallucinogens. They also provide strong criminal penalties against persons who deal in these drugs illegally. The Food and Drug Administration of the Department of Health, Education and Welfare was given stronger enforcement powers to prevent drug counterfeiting. The amendments were effective February 1, 1966.

1966-Narcotic Addict Rehabilitation Act. A significant step toward treatment and rehabilitation of narcotic addicts. This legislation, effective February, 1967, provides for civil commitment.

1968-Drug Abuse Control Amendments to Federal Food, Drug and Cosmetic Act of 1965 increase the penalties for anyone who illegally produces, sells or disposes of dangerous drugs, and imposes misdemeanor penalty for possession.

1969-A Supreme Court decision removed two of the Federal Government's major legal weapons against marijuana traffic when it held that the Marijuana Tax Act is unenforceable when the accused claims Fifth Amendment privilege against self-incrimination. Also, it declared as unreasonable the law's presumption that a man with marijuana in his possession knows that it was imported illegally, thus violating due process of law.

NOTE:

The above laws are Federal and as such pertain to the nation as a whole. State laws are divergent as to drugs involved and penalties applied for violations.

Persons working in the area of drug abuse prevention, education, and treatment should familiarize themselves with state and local ordinances for the locality in which they work.

LEGAL CONSIDERATIONS[1]

The establishment of an educational program requires rules and regulations designed to maintain an orderly program and to operate the school in a manner conducive to learning. School authorities have always been bound by the requiement that their rules and regulations be reasonable. On review by the Commissioner or the courts, consideration is given primarily to the question whether such rules and regulations are a reasonable exercise of the power and discretion vested in those authorities. It is the duty of school authorities to insure the protection of the educational system and of the students. To fulfill this duty, school authorities have been given the power to discipline those students who, due to their conduct or their physical or mental condition, are disrupting the educative process or are endangering the health, safety, or morals of themselves or of others (Education Law section 3214).

Our immediate concern is with drug abuse--either using or "pushing" drugs--what is said here is applicable as well to other forms or expressions of antisocial behavior on the part of students. Whether discipline is to meted out to such students, and the measure and extent of such discipline is within the discretion of local school authorities. The mere fact that such conduct occurs or such conditions exist outside the school situation or the school-pupil relationship does not preclude the possibility that such conduct or condition may adversely affect the educative process or endanger the health, safety, or morals of pupils within the educational system for which the school authorities are responsible. Local school authorities are in the best position to appraise such affects, and their determination will not be upset unless it is demonstrated that they have abused their discretion.

School officials have no authority to waive the legal rights of the student. If a police officer seeks to arrest or question a student on school grounds, the school officials should immediately notify a parent of the student of the facts so that the parent may react to the developments. The Court of Appeals in People vs. Overton, 20 NY 2d 360, 393, U.S. 85, 24 NY 2d 522, observed that wherever large numbers of teenagers congregate, their inexperience and lack of mature judgment create hazards. Parents who surrender their children to the school environment have a right to expect certain safeguards. The susceptibility of high school age students to peer influence increases the danger--particularly in relation to drugs. "It is," the court stated, "the affirmative obligation of the school authorities to investigate any charge that a student is using or possessing narcotics and to take appropriate steps if the charge is substantiated."

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1 Special Unit on Health and Drug Education. "Guidelines for School Programs in the Prevention of Drug Abuse". From this point to the end of the section on law we have quoted directly from the above New York State Education Department source, Albany, New York, 1971.

Inspection of Lockers

The question frequently arises as to the right of school officials on their own volition or in conjunction with police officers to conduct an inspection of students' lockers. In People v. Overton, it was held that a student's possession of a school locker is not exclusive against the school or its officials. The court said:

> A school does not supply its students with lockers for illicit use in harboring pilfered or harmful substances. We deem it a proper function of school authorities to inspect the lockers under their control and to prevent their use in illicit ways or for illegal purposes. We believe that right of inspection is inherent in the authority vested in school administration and that the same must be retained and exercised in the management of our schools if their educational functions are to be maintained and the welfare of the student bodies preserved.

Search of Student's Person

While the inspection of a locker, with or without a warrant, is permissible, the rule is otherwise with respect to the search of the individual. To search an individual unless the search is the incident of a lawful arrest and not the mere occasion which gives rise to the arrest, a search warrant should be obtained. School authorities should refrain from searching individual students, or requiring the emptying of pockets or removal of clothing. The same would apply to a student's automobile parked in a student parking lot. (United States v. Di Re, 332, U.S. 581; State v. Bradbury, 243A 2d 302; People v. Cohen, 57 Misc. 2d 366.)

Confidentiality

The Laws of the State of New York provide statutory protection for the confidentiality of disclosures between professionals and clients including priests, physicians, dentists, nurses, attorneys, certified psychologists, and social workers in the scope of their private professional practices--but there is no such statutory protection for confidential communications made to school employees such as psychologists (unless certified), social workers, guidance counselors, or others.

The Commissioner of Education has held in a judicial proceeding that all pupil personnel records are confidential as far as third parties are concerned, with the school and the parent being the first and second parties (Matter of Thibadeau, 1 Ed. Dept. Rep 607). The same result was reached by Nassau County Supreme Court in Van Allen v. McCleary, 27 Misc 2d 81. (See also the Manual on Pupil Records, Chapter II.)

These decisions, however, do not deal with information relating to knowledge of commission of crimes by students.

These school employees may find it necessary, for the protection of the student and his family, to keep information obtained by or about the student or others in confidence. In other situations, it may be essential for the protection of the school and its staff to disclose information with care, discretion, and tact. School officials are faced constantly with the pressing and serious obligation to the individual student, the student body, the school and the community. Additionally, considering that under present law school records are to some extent public records, school staff members should discuss with the school administrator and school attorneys what written records should be made and maintained, how they should be used, and what disclosures from them if any, might be required at some time.

It has been the position of the Department that although school authorities should cooperate with local law enforcement agencies, police or other investigators have no right to question students at school or to remove students from the school premises without a warrant or Court Order and unless a crime has actually been committed on the school property. This policy is necessary for the protection of the rights of the pupil and of his parents.

It is the view of the Department that information about drug use and abuse obtained from pupils and parents should be considered privileged with the right of disclosure belonging to the pupil and his family. The Education Department is sponsoring legislation this year, as it has in the past three years, which would establish statutory recognition for privileged communications between school psychologists or guidance counselors and pupils, but unless and until such legislation is passed, school authorities should recognize that they may be required to disclose such communications without the consent of the pupil involved by a subpoena or other legal process and they cannot confidently assure pupils that such disclosure may not be required in a given case.

Suspension

The statutory provisions for suspension of students are set forth in Education Law section 3214 subdivision 6. If a principal suspends a pupil for a period not to exceed 5 days, the pupil and the person standing in parental relation to him may request an informal conference. No student may be suspended for a period in excess of 5 school days except after an opportunity for a fair hearing, upon reasonable notice, has been extended to the student and the person in parental relation to him. At this hearing, the pupil has the right to be represented by counsel and the right to cross-examine witnesses against him. The hearing may be held before the superintendent of schools if the suspension was ordered by the superintendent, and an appeal may be taken to the board of education, the board of education must conduct the hearing.

A distinction must be made between the criminal process in the prosecution of those who traffic in narcotics and the desire to remove such

individuals from the school situation. This subject was recently considered in an appeal to the Commissioner of Education in Matter of Rodriguez, Decision No. 8015, dated June 17, 1969. There the Commissioner held that the mere fact of arrest for illegal traffic in narcotics was insufficient to warrant suspension from school.

Where the courts have seen fit, pending a determination of the criminal charges, to release on bail or their own recognizance students charged with crimes, even those relating to the use or sale of drugs, the students are entitled to continue their education. If the severity of the offense warrants, and the involvement of the student is substantiated by more than mere arrest and adversely affects the educational process, school authorities may invoke the suspension procedure set forth in Education Law section 3214 subdivision 6. After a hearing, school authorities may restrict a student to home instruction or take such action as may lead to his commitment.

THE LAW AND EMERGENCY MEDICAL PROCEDURES

A new order of health emergencies has appeared in some schools as a result of self-administration of dangerous drugs by students. Children engaged in such practices seldom, if ever, know the size dosage or can even identify the substances ingested or injected. Life-threatening situations may develop through overdoses and mistaken use of poisonous materials. Fatal infections can result.

In view of these conditions, it is well to review the related duties and constraints imposed upon school personnel by law.

As employees of boards of education, school nurse-teachers and other teachers are responsible for first aid care of school children who are injured or become ill while under school supervision, whatever the source or cause of the emergency.

First aid is treatment intended to protect the life and comfort of a child until authorized treatment is secured and is limited to first treatment only, following which the child is to be placed under the care of his parents, upon whom rests the responsibility for subsequent treatment. Boards of education, as corporate bodies, are not authorized to provide medical or dental care, beyond first aid, regardless of how worthwhile such services may be to the individual child.

Internal medication should not be administered even in emergencies to any child by the school personnel other than a phys ician who has seen and prescribed for that particular case.

Every school should have planned, written policies for emergency care. Such policies should be developed through cooperative efforts of the school physician, school nurse-teacher, parents, and the school administrator. Such a program of emergency care should include provisions for:

1. Written instructions in simple first aid procedures to guide those providing emergency care. These should be developed by the school physician and school nurse-teacher to guide school personnel in the administration of first aid. Mimeographed copies, bearing the signature of the school physician, should be placed in each classroom, shop, gymnasium and similar work areas.

2. Current written directions for reaching parents without undue dealy should be available. These should include the telephone number of the parent or guardian, name and telephone number of the family personal physician, and the name of a relative or friend who would assume responsibility when the parent is not available.

3. Plans for transporting pupils home or to a source of medical attention. Such plans are the joint responsibility of the school authorities and the parents. In cases of extreme emergency, when school personnel are unable to reach a parent other person designated by the parent as above indicated, the school, which is acting in place of the parent, is responsible for transporting the child to the source of medical attention.

4. Arrangements for the services of physicians when needed for emergency care. Ordinarily, the school physician would be responsible for such emergency care. In the event of his absence, arrangements should be made with other physicians in the area to provide medical care in emergencies.

PROGRAM SUGGESTIONS

The materials contained in this section are taken as direct quotes from two sources. Part I is taken from Guidelines for School Programs in the Prevention of Drug Abuse. Part II is a reprint of Suggested Guidelines for the Development of Innovative Drug Education Programs. The source of both papers is The Special Unit on Health and Drug Education, The University of the State of New York, The State Education Department, Albany, New York 12224.

Part I

SCHOOL DISTRICT POLICIES AND PROCEDURES

There are certain basic concepts which should be considered in a school district's program to prevent drug abuse. These are:

Boards of education should have a written policy on programs relating to the prevention of drug abuse. It should include a concise statement of concern, the priority assigned to the problem, and a statement regarding district-wide curriculum, pupil services for drug abusers, and other staff responsibilities. School boards are encouraged to organize advisory committees--which should include students, teachers, parents, and representatives of appropriate community agencies--to develop policy.

Boards of education, by their statements of policy, will set the tone for the whole drug abuse prevention program. A concerned expression of their desire to assist students to face and cope successfully with the attractions of drug abuse is to be encouraged. This can be demonstrated by the responsible involvement of youth in the development of policies and procedures. The allocation of funds by the board demonstrates further their concern for the drug abuse prevention program.

PROGRAM DEVELOPMENT

A successful drug education program must arouse student concern about drug abuse and mobilize that concern in constructive ways. Programs should be designed to help students develop their own solutions, rather than arbitrarily to impose those of adults upon them.

Early and responsible involvement of students is extremely important. There are certain natural leaders in the student population who may or may not be associated with formal student organizations and who often exert considerable influence on their peers. Natural leaders can contribute a great deal to a school's prevention program, provided that they are properly trained and sympathetic to the aims of the drug education program.

The school's relationship with local community agencies, including law enforcement agencies should be worked out, and clearly stated. It is particularly important that students, parents, and school staff be well-informed of these relationships. The school's drug abuse prevention program should be thoroughly explained to all segments of the community. Whenever possible, students should be encouraged to take responsibility for some of the planning of these programs.

The continuing education program in a school district offers an excellent opportunity for involving parents and young adults in the school's drug education program. An ongoing program can provide significant assistance to parents and the community in developing a successful drug abuse prevention program. The importance of parental and other adult involvement to a successful program cannot be overemphasized.

A school staff committee to deal with drug abuse is a common approach in schools in the State. These committees usually consist of a school administrator, school physician, school nurse-teacher, school psychologist, school social worker, guidance counselor, health education teacher, and other subject matter teachers. The addition of students to the committee should increase effectiveness.

One approach to drug abuse prevention is the assignment of a staff member to coordinate the program. This person can assist students in collecting and managing an information library. He can locate and recommend outside resources which may be used in a school program. He can advise school staff, plan and lead workshops, and conduct inservice programs. He can serve as liaison with other community drug programs and agencies, assist with referrals, and follow-up when necessary. He can work with students in organizing their own prevention projects, in aiding communications between the students and faculty, and in counseling individuals and small groups of students.

The selection of a coordinator for a drug abuse prevention program should not be based upon identification with any specific profession, but should take into account personal qualities and desirable specialized training. The Department is offering special programs to provide some of this training.

METHODS

Participation in a wide range of activities, discussions rather than lectures, and an atmosphere that will encourage trust and promote mutual understanding should be emphasized. Small group arrangements are recommended. These approaches should not be confused with methods common in addiction therapy, such as encounter groups. Assumptions that students should be treated as addicts, or that they need rehabilitation, are not justified by any conditions known at this time. Since problems of drug abuse are often symptomatic, it is frequently found that discussions lead to exposure of other problem areas. Referrals to other school staff should be made as quickly as possible when needed.

To effectively communicate with students, educators should understand their own attitudes towards drugs, drug use, and drug abuse. Encouraging open discussion and direct interaction with students is essential.

The National Institute of Mental Health, has suggested the following techniques:

1. Establish a non-authoritarian, non-threatening environment in the classroom which will allow free flow of information and exchange of ideas and feelings. A non-moralizing non-dogmatic approach to the subject of drugs should be employed.

2. Involve students actively in the analysis of printed and audio-visual materials on drugs.

3. Opportunities should be provided for frequent teacher-pupil contacts on a one-to-one basis and for daily encounters with groups of students. Controversial subjects and current problems should be discussed, in classes such as social studies, (i.e., war, politics, racial situations, drugs, urban problems.)

4. Provide a room in school for multi-(media) experiences to be used to maintain open communication. Students might decorate the room and take part in decisions for its use.

5. Use small group techniques extensively, such as:

    a. Interaction through a dialogue.
    b. Role playing and behavior rehearsals.
    c. Encounter - Use only with trained leaders.
    d. Sensitivity training. Only to be used by highly qualified teachers.
    e. Buzz sessions.
    f. Critical - incidents.

6. Instead of using entire films, think in single concept terms. Show a portion and discuss letting students participate in open discussion on good and bad aspects.

7. With caution and advance screening, use personnel from treatment and rehabilitation programs, former drug users, drug addicts, or other resource persons from all levels of related backgrounds. Also, make visits to institutions.

8. Collect newspaper stories about drugs. Read in class for biases and discuss.

9. At parent or community meetings, try "tuning in with the kids" technique. Leader has a group of students seated on stage with backs to adult audience discussing, frankly, how they feel about school, teachers, etc. After discussion gets underway, the students are turned around.

10. Have young students identify drugs among non-food substances at grocery store.

11. Consistent with the philosophy of the program, the traditional systems of grading are not desirable in a drug education program, but unit credit should be given.[2]

WORKSHOP

Seminars, workshops, and other intensive training sessions related to drug education should be considered for early phases of the program and for later repetition. These can be conducted in stages beginning with training teams from each school within a district. These teams might be followed by workshops within each school to encourage further development of the program. Additional workshops might be conducted periodically for groups such as parents' organizations.

INAPPROPRIATE APPROACHES

Schools throughout the country have reported the ineffectiveness of crash programs, moralizing, and attempts to frighten students:

> An "all school" program is no way to conduct drug education. The normal rules of school are suspended, all classes stop, students assemble, people are invited from the community, and one or two films - often sensational or lurid and more likely to breed drug use than to suppress it - are shown. This 'why it's dangerous to use drugs' approach is likely to make many teenagers feel that if they haven't tried drugs they're missing something...To many young people, the old-time rituals of religion, country, family, and school have lost their appeal - and drugs, astrology, youth sub-culture, are among the substitutes. Educational emphasis should be on ways of coping with youths' problems rather than on picturing drug users as "depraved" individuals, which has proven to be ineffectual.[3]

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2 Marvin R. Levy, NIMH-NEA-AAPHER-NSTA Conference, 1968, Hearings before U.S. Senate Committee on Labor and Public Welfare, 91st Congress, GPO 34-788.

3 NIMH/PHS "How to Plan a Drug Abuse Education Workshop for Teaching", Nov., 1969.

Attempts to survey abuse of drugs by students often are perceived by students as objects of humor and scorn.

Care should be used in explaining the provisions of law relating to drug abuse.

> Young people delight in pointing out the inconsistencies and hypocrisies in drug legislation and enforcement, and while they should be informed of the penalties of drug possession and use, nothing is to be gained from trying to defend the inconsistencies of drug legislation... with most youths threats make no impressions. They argue that the adult community commits legal transgressions, why shouldn't we.[4]

Audio-visual materials used in drug education programs are frequently received negatively by students. Therefore, a screening committee, with local students and parents among its members, is advisable.

Use of ex-addicts in school programs should be approached with extreme caution. Students often withhold credence on grounds that the ex-addict's arguments are not necessarily relevant.

HEALTH EDUCATION

There is danger that many communities will organize and act decisively to discourage drug abuse and then lose interest when their campaign appears to be taking effect. The American experience with alcohol demonstrates an amazing tendency to look the other way and accept bad public health conditions.

Boards of Education should recognize the need for continuing programs based on coordinated planning, so that well-qualified teachers can influence the development of students throughout their entire career. When the aim is wholesome psychological and social growth, a sequential school program (K through 12 is indicated.)

Drug education should be taught within the context of health education and should be more than just a pharmacological study; an understanding of mental health services as a prerequisite to drug studies. A person needs an understanding of his psychological self in order to understand the motivations that underlie drug abuse. There must also be an understanding of the physical self, as well as psychological, if understandings of drug dependence are to be approached. Disease entities associated with drug abuse, such as hepatitis, and their significance should be known. Drugs and their implications for safety also warrant discussion.

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4 NIMH/PHS "How to Plan a Drug Abuse Education Workshop for Teaching." November, 1969.

Consumer health education comes into the picture when prescription and non-prescription drugs and regulatory practices related to them are discussed. In summary, drug education should involve a study of pharmacology, mental health, public health, consumer health, physical health, and safety.

CURRICULUM

The new Health Education curriculum, Strand II, deals with sociological health problems. Development of courses of study for junior and senior high schools should be guided by Strand II methods, content, and objectives as described below.

Education regarding the use and abuse of drugs, alcohol, and tobacco must include an understanding of the factors related to (1) personality development, (2) social and cultural influences, (3) human motivation, and (4) the pharmacological effects of these substances. The teacher should use approaches based on the nature of the learner, his experiences, abilities, interests, needs and motivational level.

Although the basic principles of learning will be the guideposts for teaching about the sociological health problems, problem-solving techniques, independent study, and group discussions and exchanges should be emphasized. Negativistic approaches, authoritarian approaches, question and answer recitation, and lecture methods have proved to be ineffective and should be avoided. On the other hand, drug education should include opportunities for students to make decisions relative to personal involvements. They should learn to base these decisions on reliable data. The quantity and quality of the information available to the student, and his understanding of it, will determine to a great extent the degree to which he will develop an intelligent basis for his behavior regarding drugs, alcohol, and tobacco.

Learning experiences should relate directly to the development of respect for all drugs and chemical substances. These include prescription and non-prescription drugs, as well as tobacco and alcohol. Sociological health problems are becoming increasingly more significant in our society, and students must be given the opportunity to understand the broad sociological implications relative to all chemical substances which have an abuse potential. They should understand:

- the nature of the problem for their age group;
- the kinds of prevention and solutions available;
- how they can become involved in these solutions;
- the role of community agencies and community action in dealing with these problems.

INSERVICE TRAINING

Administrators and school staff members should prepare themselves for dealing with drug problems by attending courses, workshops, and

institutes offered by colleges and universities, the Education Department, and other responsible agencies.

In planning local inservice programs for teachers, schools should consider the following objectives which were developed in 1968 under the sponsorship of the National Institute of Mental Health:

1. To develop self-awareness and sensitivity for the feelings of others.
2. To discriminate between fact and fiction regarding drugs.
3. To recognize personality problems related to drug abuse.
4. To develop communication skills necessary for meaningful dialogue with students.
5. To respond to students' questions about drugs with certainty and assurance.
6. To critique audiovisual and printed materials with objectivity toward use in instructional programs.
7. To understand federal and state regulations regarding use of drugs.
8. To differentiate between use, misuse, and abuse of drugs.
9. To develop techniques for encouraging decision-making.[5]

Teachers who have taken part in local programs urge that planning provide for intensive training concentrated in at least 3 full days, rather than weekly meetings.

An orientation session for the whole staff may be justified. Teachers and administrators in the school should be informed of plans for inservice programs--including objectives, scope, and process--whether or not they participate. Their potential role in influencing students should be emphasized.

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5 Marvin R. Leary, Guidelines for Drug Programs, Hearings before the Special Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare, U.S. Senate, September 18 and 19, 1969.

STIMULANT AND DEPRESSANT DRUGS

Compounds Containing Amphetamine

Amphaplex (Palmedico)
Amvicel (Stuart)
Amvicel-X(10) (Stuart)
Amvicel-X(15) (Stuart)
Biphetamine (Strasenburgh)
Biphetamine-T (Strasenburgh)
Obetrol (Obetrol)
Obocell (Neisler)
Quadamine (Tutag)

Compounds Containing Amphetamine Phosphate, Monobasic, Racemic

Strascogesic (Strasenburgh)

Compounds Containing Amphetamine Sulfate

Benzedrine Sulfate (Smith Kline & French)
Dex-Sed-10 (Carrtone)
Dex-Sed-15 (Carrtone)
Edrisal (Smith, Kline & French)
Nobese (Tilden-Yates)
Phantos Preparations (Cooper, Tinsley)
Edrisal w/Codeine (Smith Kline & French)

Compound Containing Dextro-Amphetamine

Phosphate
Obocell (Neisler)

Compounds Containing Carboxyphen

Bontril (Carnrick)
Bontril Timed Tablets (Carnrick)

Compounds Containing Dextro-Amphetamine

Hydrochloride
Bamadex Sequels (Lederle)
Curban (Pasadena Research)
Gevrestin (Lederle)
Timed Amodex Capsules (Fellows-Testagar)
Timed Pymadex Capsules (Fellows-Testagar)

Compounds Containing Dextro-Amphetamine Sulfate

Amphaplex (Palmedico)
Amplus Improved (Roerig)
Amsustain (Key Pharmaceuticals)
Amvicel (Stuart)
Amvicel-X(10) (Stuart)
Amvicel-X(15) (Stuart)
Appetrol (Wallace)
Appetrol-S.R. (Wallace)
Daprisal (Smith Kline & French)
Dexalme-S Duracap Timed Action Capsules (Meyer)
Dexamyl (Smith Kline & French)
Dexedrine Sulfate (Smith Kline & French)
Dramamine-D (Searle)
Eskatrol Spansule Capsules (Smith Kline & French)
Theptine (Smith Kline & French)
Thora-Dex (Smith Kline & French)
Vi-Dexemin (Smith Kline & Frenc
Vio-Dex Timelets (Rowell)
Zamatam (Marion)
Zamitol (Marion)

Compounds Containing Dextro-Amphetamine Tannate

Nalertan Tabules (Neisler)
Synatan (Neisler)

Compounds Containing Methamphetami Hydrochloride

Ambar (Robins)
Amertal (Merit)
Amphaplex (Palmedico)
Carrtussin Syrup (Carrtone)
Desbutal (Abbott)
Desbutal Gradumet (Abbott)
Desoxyn (Abbott)
Desoxyn Gradument (Abbott)
Gerilets Filmtab (Abbott)
Meditussin (Palmedico)
Methedrine (B.W. & Co.)
Obedrin (Massengill)
Obedrin-LA Tablets (Massengill)
Obestat Ty-Med (Lemmon)
Opidice (Boyle)
Secodrin (Premo)
Span-RD (Metro Med)

Compounds Containing Methamphetamine Preparations

Amphaplex (Palmedico)
Obetrol (Obetrol)
Span-RD (Metro Med)

Drugs With Amphetamine-like Action

Meratran (pipradrol)
Ritalin (methylphenidate)
Tenuate (diethylpropion)
Preludin (phenmetrazine)

Barbiturates

Barbital (Veronal)
Mephobarbital (Mebaral)
Metharbital (Gemonil)
Phenobarbital (Luminal)
Amobarbital (Amytal)
Aprobarbital (Alurate)
Butabarbital (Butisol)
Diallylbarbituric acid (Dial)
Probarbital (Ipral)
Talbutal (Lotusate)
Vinbarbital (Devinal)
Cyclobarbital (Phanodorn)
Heptabarbital (Medomin)
Hexethal (Ortal)
Pentobarbital (Nembutal)
Secobarbital (Seconal)
Hexobarbital (Cyclonal, Evipal, Sombulex)
Methitural (Nevaval)
Methohexital (Brevital)
Thiamylal (Surital)
Thiopental (Pentothal)
Allylbarbituric acid (Sandoptal)
Butethal (Neonal)
Cyclopentenyl allylbarbituric acid (Cyclopal, Cyclopen)
Butallylonal (Pernocton)

Drugs With Barbiturate-Like Action

Chlormezanone (Trancopal)
Emylcamate (Striatran)
Meprobamate (Equanil, Miltown)
Oxanamide (Quiactin)
Phenaglycodol (Ultran)
Mebutamate (Capla)
Carisoprodol (Soma)
Hydroxyzine (Atarax, Vistaril)
Ectylurea (Levanil, Nostyn)
Ethchlorvynol (Placidyl)
Methyprylon (Noludar)
Ethinamate (Valmid)

Chlordiazepoxide (Librium)
Hydroxyphenamate (Listica)
Mephenoxalone (Trepidone)
Carbromal (Adalin)
Bromisovalum (Bromural)
Chloral Betaine (Beta-Chlor)
Glutethimide (Doriden)
Chloral Hydrate (Somnos, Noctec, Loryl)
Diazepam (Valium)
Methylparafynol (Dormison)
Petrichloral (Periclor)
Buclizine (Softran)

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GLOSSARY OF SLANG AND SCIENTIFIC TERMS

There are many words being used today by our youth which don't have the meanings we learned in school. You will not find the meanings of these words in the dictionary. Yet they are common words we use every day like snow, grass and candy.

Snow is Cocaine. Grass is Marijuana and Candy is a barbiturate. With the emergence of the drug subculture has arisen a whole new language; the language of the drug abuser.

If we are to function as informed educators, we should be aware of these terms and know what they mean. It is not recommended that we try to incorporate these new words into our lessons to appear "cool" to our students. If we do we will appear to be just what we are, affected.

We offer this glossary to you for your own information in order that you can be better equipped to teach rationally and scientifically about every aspect of the drug problem.

A

ABUSE-This term refers to the misuse of drugs or other substances by a person who has usually obtained them illegally and administers them himself without medical advice or supervision.

ACID-LSD, one of the most popular hallucinogens or "psychedelic" drugs; see LSD.

ACID FREAK-one who uses LSD frequently.

ACID HEAD-A person who regularly uses acid (LSD); see LSD.

ACID TEST-Party at which LSD has been added to the punch.

ACAPULCO GOLD-High grade of marijuana; refers to the area of Mexico where it is grown; see Marijuana.

ADDICT-A person addicted or "hooked" to regular use of drugs, especially heroin, morphine and opium. Also: Hophead, Hypo, Junkie.

ADDICTION-In 1957, the World Health Organization (WHO) defined drug addiction as a state of periodic or chronic intoxication produced by the repeated consumption of a drug. Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychic (psychological) and generally a physical dependence on the effects of the drug; (4) an effect detrimental to the individual and to society.

AGENT-Law enforcement officer. Also: buster, fed, fuzz, the heat, the man, plant, sam, uncle, whiskers.

AGONIES-Withdrawal symptoms, usually in early stages; see Withdrawal.

AMPHETAMINE-Barbiturate combinations; see French Blue, Greenies.

AMPHETAMINES-Stimulants which increase the activity of the nervous system; used medically to relieve depression or to reduce weight; misuse results in tremors, talkativeness, hallucinations and excitability. Terms and slang names: Dexies, dominoes, footballs, hearts, roses, jelly babies, jolly beans, lid poppers, methedrine, bennies, oranges, peaches, speed, ups, wake ups, whites, co-pilots, dolls, pillhead, truck drivers; see Methedrine.

ANTI-FREEZE-Heroin; see Heroin.

ARSENAL-An addict's or pusher's supply of drugs; see Works.

ARTILLERY-Equipment (such as a hypodermic syringe) used to inject a drug; see Works.

B

BACK UP (Back Track)-to allow blood to come back into the syringe during intravenous injection; to draw blood into a syringe to see if the needle has hit the vein; see Flag.

BAD SCENE-a situation likely to result in unpleasant drug experience or other types of trouble.

B, BEE-A penny match box volume, now a measure of marijuana approximately that size.

BAD TRIP-A frightening or distressing experience following use of a hallucinogen or a psychedelic substance; a panic reaction to a hallucinogen; any unpleasant experience.

BAG-Packet of drugs; a packet or container of a drug, esp. heroin; a person's specialty, profession, favorite activity; a problem; see Dime Bag, Nickel Bag.

BAGMAN-A drug supplier; a drug dealer; see Pusher.

BALE-A pound of marijuana.

BALL-To have a good experience, especially a sexual one; absorption of stimulants and cocaine via genitalia.

BALLOON-Small packet of narcotics.

BANG-To inject drugs.

BARBITURATES-Drugs which depress the action of the central nervous system and act as sedatives. The names of most such drugs end in "al" as in the case of secobarbital, amobarbital, and phenobarbital. These drugs are sold under many trade names such as Seconal, Amytal, and Nembutal; The most commonly abused depressants (sedatives), medically used to produce sleep or to reduce blood pressure; drowsiness, staggering and slurred speech result when misused. Terms and slang names: Double Trouble, Goofballs, Nimby, Peanuts, Pinks, Rainbows, Red Devils, Sleepers, Tooies, Yellow Jackets, Blue Devils, Candy; see Amphetamine-Barbiturate combinations.

BARBS-Barbiturates; see Barbiturates.

BEEN BAD-Arrested.

BENNIES-Capsules or tablets of Benzedrine, a brand of amphetamine; see Amphetamines.

BENNY JAG-Intoxication after using Benzedrine.

BENT OUT OF SHAPE-Under the influence of LSD.

BERNICE-Cocaine.

BIG C-Cocaine.

BIG D-LSD; see LSD.

BIG JOHN-The police.

BIG MAN-Someone high up--or at the top--in a drug selling ring; see Pusher.

BINDLE-A packet of narcotics.

BIRD'S EYE-Very small amount of narcotic.

BIT-A person's specialty, pastime, or favorite drug; a prison sentence.

BIZ-Paraphernalia for injecting narcotics.

BLACK BEAUTIES-Biphetamine capsules.

BLACK AND WHITES-Marked patrol cars.

BLANK-Extremely low-grade narcotics; non-narcotic white powder (e.g. talcum) sold as a narcotic to cheat the customer.

BLAST-The injection of a narcotic; strong effect from a drug; smoke a marijuana cigarette.

BLASTED-Under the influence of--or high on--drugs; see Drug Experiences.

BLASTING PARTY-Marijuana smoking party.

BLOCKED-Under the influence of a drug--alone or in combination with alcohol; see Drug Experiences.

BLOW-To smoke.

BLOW GRASS-Smoke marijuana.

BLOW HAY-Smoke a marijuana cigarette.

BLOW JIVE-Smoke a marijuana cigarette.

BLOW POT-Smoke a marijuana cigarette.

BLOW A STICK-To smoke a marijuana cigarette; See Marijuana.

BLOW TEA-Smoke a marijuana cigarette.

BLOW YOUR MIND-To experience severe mental effects from a hallucinogenic drug such as LSD; See Drug Experiences.

BLUE ACID-LSD; see LSD.

BLUE ANGELS-Amytal, a Barbiturate.

BLUE DEVILS-Blue capsules of Amytal, a brand of barbiturate see Barbiturates.

BLUE HEAVENS-Amytal sodium capsules.

BLUE VELVET-A mixture of paregoric (a preparation which contains opium) and an antihistamine (a drug used to combat allergies); sodium amytal.

BLUEBIRDS-Amytal sodium capsules.

BOMBED-To be under the influence of any substances with a potential for dependence, including alcohol.

BOMBITA-Amphetamine-heroin injection.

BOO, BU-Marijuana.

BOOST-To shoplift; to tap the dropper or plunger of one's syringe, releasing the drug into the bloodstream in small spurts for a prolonged rush and allowing the blood to back up into the dropper.

BOOT-The temporary elation or thrill experienced by an addict in his early days of using drugs; this experience--like all other claimed "good feelings" --disappears after repeated use; see Drug Experiences; to tap the dropper or plunger of one's syringe, releasing the drug into the bloodstream in small spurts for a prolonged rush and allowing the blood to back up into the dropper.

BOXED-In jail.

BOY-Heroin; see Heroin.

BREAD-Money, usually in reference to money needed to buy illicit drugs.

BREAK THE NEEDLE-To attempt to break or drop the narcotic habit; see Withdrawal.

BREWERY-A place where drugs are made, bought or used.

BRICK-A kilogram (2.2 pounds) of marijuana; see Marijuana.

BRING DOWN-To cause a loss of euphoria, hence, to destroy a good mood.

BROKER-A dealer in drugs; see Pusher.

BROUGHT DOWN-Depressed feeling following elation from drug use; see Drug Experiences.

BUGGED-1)To be irritated by someone or something. 2)to be covered by sores and abscesses, caused by repeated injections with unsterile equipment; see Drug Experiences.

BULL-A Federal narcotic agent, a police officer.

BUM TRIP-A frightening or distressing experience following use of a hallucinogen or a psychedelic substance; bad experience with psychedelics.

BUMMER-A bad experience with hallucinogens.

BUNDLE-A packet or supply of drugs; a stack of 25 bags of heroin.

BURN TRIP-An unpleasant experience with LSD.

BURNED-To obtain weak or contaminated drugs or a harmless substitute.

BUSINESS-Paraphernalia for injecting narcotics.

BUSTED-Arrested by the police.

BUSTER-Narcotics agent, usually the Federal Bureau of Narcotics; see Agent.

BUTTON(s)-Peyote cactus top, contains mescaline; the sections of the peyote cactus.

BUZZ-The feeling of exhilaration produced by a drug; try to buy drugs.

C

C-Cocaine; see Cocaine.

CAN-Marijuana container; approximately an ounce of marijuana.

CANDY-Barbiturates; a nickname for cocaine; see Barbiturates, Cocaine.

CANNABIS (SATIVA)-The hemp plant from which marijuana is obtained; see Marijuana.

CANNON-The addict's hypodermic syringe; see Works.

CAP-A capsule or other drug container or dose.

CARTWHEELS-Amphetamine sulfate (round, white, double-scored tablet)

CENTRAL NERVOUS SYSTEM-The brain and spinal cord.

CHAMP-Drug abuser who won't reveal his supplier--even under pressure.

CHANGES-To experience unpleasant interruptions in routine or life style; to mature through experience.

CHARGE-Marijuana.

CHARGED UP-High or under the intoxicating influence of drugs; see Drug Experiences.

CHARLIE-Cocaine.

CHIEF, THE--LSD; see LSD.

CHIPPING-Taking small doses of drugs irregularly; see Dabble.

CHIPPY-A prostitute; among narcotic addicts, a woman who obtains money to buy drugs through prostitution; occasional user of narcotics.

CHRISTMAS TREES-Tuinal (secobarbital and amobarbital).

CHUCK-To eat excessively while undergoing withdrawal.

CLEAN-Off drugs and/or not carrving them at the moment.

CHROMOSOMES-The threadlike bodies in a cell whicn carry the genes that control hereditary characteristics.

CLEAN-Not carrying drugs, not using narcotics; to remove twigs and seeds from marijuana, to Manicure.

CLEAR UP-To stop drug use; see Withdrawal.

COASTING-"High" or under the intoxicating influence of drugs; see Drug Experiences.

COCAINE;-A stimulant drug once widely used medically as a local anesthetic; when abused, it results in excitability, talkativeness and reduction of the feeling of fatigue--and may result in anxiety, fear, violence and hallucinations. Also "C", Coke, Dust, Gold Dust, Snow, Candy, H and C, Speedball.

COCKTAIL-Short butt of marijuana cigarette inserted in end of regular cigarette.

COKE-Cocaine; see Cocaine.

COKIE-A cocaine addict.

COLD-Method of curing addiction without tapering off.

COLD TURKEY-Withdrawal from physically addicting drugs without medication; the drug user feels chilled and is covered with "goose bumps", looking like a plucked turkey; see Withdrawal.

COME DOWN-To lose the drug-induced exhiliration; see Drug Experiences.

COMING DOWN-Emerging from an LSD experience or "trip".

COMPULSION-A compelling, irresistible impulse which causes a person to act in a way that may be contrary to his good judgment, training, or normal desire.

CONGENITAL-Existing from birth.

CONGO MATABY-African term for marijuana; see Marijuana.

CONNECT-To buy drugs (from a "connection").

CONNECTION-A drug seller; see Pusher.

CONTACT-See Connection.

CONTACT HIGH-Psychologically caused euphoria due to being with others who are "high"; mild "high" due to breathing smoke from others' marijuana.

CONTRAINDICATION-An indication that a particular treatment or procedure is medically inadvisable.

CONVULSION--An involuntary, uncontrollable muscular contortion.

COOK-To heat and dissolve a drug in water.

COOKER-A spoon, bottle cap or small cup used to dissolve a narcotic, such as heroin, in water. The solution is "cooked" or heated over a match or candle, until the drug containing powder is dissolved; see Works.

COOK UP-Prepare heroin for injection; Prepare hashish for inclusion with tobacco by heating in silver paper; see Heroin, Marijuana.

COOK UP A PILL-To prepare opium for smoking.

COOL-A term of approval; drug users feel they are "cool" while non-users are termed "square".

COP-To purchase drugs; to steal.

CO-PILOTS-Amphetamines; refers to the boost or uplift given, much as co-pilot helps an airplane get off the ground; see Amphetamines.

COP OUT-To withdraw; to confess to an authority or give information about other drug abusers; quit; take off; confess' defect; or inform.

CORINE-Cocaine.

COTICS-Narcotics.

COTTON-The piece of cotton (or other material) used to filter the dissolved narcotic after it has been "cooked". Addicts often re-use this material, saving it for a time when they are unable to secure drugs. When soaked in water, such material yields a weak solution of the drug; see Works.

COTTONHEAD-Desperate user who recooks cotton from previous supplies to eke out one more supply for injection.

COTTONTOP-Desperate user who recooks cotton from previous supplies to eke out one more supply for injection.

CRASH-To collapse from exhaustion, usually while under the influence of drugs; see Drug Experiences.

CRASH PAD-Place where the user withdraws from amphetamines.

CRYSTALS-A crystalline form of Methamphetamine (Methedrine); Amphetamine.

CRUTCH-Device used to hold a marijuana butt.

CUBE-Non-user of drugs; (wafer) Sugar cube or wafer impregnated with LSD.

CUBEHEAD-A frequent user of LSD.

CUP-A packet of heroin.

CUT-To dilute or adulterate a narcotic before selling it; heroin is often "cut" with milk sugar so that the seller has more portions or "bags" to sell.

D

D.D.-A fatal dose.

DABBLE-To "chip" or take small amounts of drugs irregularly; see Chipping.

DAGGA-South African term for marijuana; see Marijuana.

DEALER-A drug seller; see Pusher.

DECK-A packet of heroin.

DELIRIUM-A condition characterized by mental excitement, confusion, disordered speech a and, often, hallucinations.

DEPENDENCE-The need for and reliance upon a substance; See Psychological Dependence, Physical Dependence.

DEPRESSANT-Any of several drugs which sedate by acting on the central nervous system. Medical uses include the treatment of anxiety, tension and high blood pressure.

DEXIES-Dexedrine, a brand of amphetamine; see Amphetamines.

DIME BAG-A supply of drugs which costs $10.

DIRTY-Possessing drugs.

DOING-To do or take something.

DOLLIES-Dolophine, a brand of the narcotic methadone; see Heroin.

DOLLS-Pills; amphetamines, barbiturates or a combination of these two drugs.

DOMINOES-Durophret - an amphetamine, 12.5 mg. capsules; see Amphetamines.

DOPE-Narcotics used by addicts; see Heroin.

DOPER-Person who uses drugs regularly.

DOUBLE TROUBLE-Tuinal, a brand of barbiturate; see Barbiturates.

DO UP-Smoke a marijuana cigarette.

DOWN-A drug hangover or coming out of a drug-induced state; see Drug Experiences.

DRIED OUT-To have taken a cure - usually self regulated (cold turkey); see Withdrawal.

DRIPPER-Paraphernalia for injecting narcotics.

DROP-To take pills or capsules by mouth.

DROP ACID-Swallow LSD or STP.

DROP OUT-To withdraw from the real world while under LSD or other drugs; see Drug Experiences.

DROPPED-Arrested. Also: busted, nailed, snatched.

DROPPER-Paraphernalia for injecting narcotics.

DROPPING-Taking a drug by mouth; in capsules, tablets or pills, or solution in water or alcohol.

DRUG-A narcotic substance or preparation which affects the user in various ways.

DRUG DEPENDENCE-As described in 1963 by WHO, drug dependence is "a state arising from repeated administration of a drug on a periodic or continuous basis." Its characteristics will vary with the agent involved. This is made clear by designating the particular type of drug dependence in each specific case--for example, drug dependence of the morphine type, of the cocaine type, of the cannabis type, of the barbiturate type, etc.

DRUG EXPERIENCES-Terms for drug influence; see Blasted, Blocked, Boot, Blow Your Mind, Brought Down, Bugged, Coasting, Come Down, Crash, Charged Up, Down, Drop Out, Euphoria, Floating, Flake Out, Flattened, Flying, Freak Out, Flip Out, Gassed, Happening, High, Hopped Up, Horrors, Hung Up, Lift, On A Trip, On the Nod, Out of It, Overcharged, Stoned, Turned On, Up, Up Tight, Wasted, Wrecked.

DUBY-Marijuana.

DUMMY-Purchase which did not contain narcotics.

DUST-Cocaine; see Cocaine.

DYNAMITE-A very powerful dose of drugs.

E

EATING-Taking a drug, especially by mouth.

EGO GAMES-A deprecative term applied by LSD users to social conformity and to the normal activities, occupations and responsibilities of the majority of people.

EQUIPMENT-Items used to prepare and inject a dose of drugs, usually Heroin; includes: bent spoon or bottle-cap, for disolving drug-containing powder, matches, hypodermic needle, eye dropper and cotton; see Works.

EUPHORIA-A feeling of well-being or elation sought by drug users and sometimes found the first few times that certain drugs are taken; see Drug Experiences.

EXPERIENCE-An LSD "trip".

EXPLORERS CLUB-A group of LSD users.

F

FACTORY-Equipment or instruments for injecting drugs; see Works.

FAMINE-A lack of available drugs resulting from a raid by the police on a supply.

FATTY-A fat or thick marijuana cigarette.

FED-An agent or policeman, especially from the Federal Bureau of Narcotics; see agent.

FEED BAG-A container of narcotics.

FEED STORE-A place where drugs can be purchased.

FIEND-A regular user of drugs.

FIT-Paraphernalia for injecting narcotics.

FIX-An injection of drugs.

FIT-Syringe and other equipment for injecting drugs; also KIT, WORKS.

FLAG-Drop of blood drawn up into a hypodermic syringe to ensure that the needle has hit a vein.

FLAKE-Cocaine.

FLAKE OUT-Lose consciousness from misuse of drugs; see Drug Experiences.

FLASH-The initial feeling after injecting; Sudden rush; Sudden realization while "high" to sniff glue.

FLASHBACK-The unpredictable phenomenon of undergoing again the effects of LSD weeks or even months after the last use of the drug; see LSD.

FLATTENED-An addict in stupor resulting from overdose; see Drug Experiences.

FLEA POWDER-Low quality or weak drugs.

FLIP-Become psychotic.

FLIP OUT-To lose mental and/or emotional control following use of drugs; especially powerful hallucinogens; "to eject" or be unable to regain normalcy after a trip on a hallucinogenic substance; to become psychotic.

FLOATING-"High" or under the influence of drugs: see Drug Experiences.

TO BE FLUSH-To have money.

FLUSHING-Drawing blood back into the syringe during an injection - to be sure that a vein has been tapped.

FLYING-"High" or under the intoxicating influence of drugs; see Drug Experiences.

FOIL-A small packet of drugs wrapped in aluminum foil.

FOOTBALLS-Oval-shaped combination of dextro-amphetamine and amphetamine.

FRANTIC-Nervous or jittery because of need or desire for narcotic injection.

FREAK OUT-To lose contact with reality while on drugs; a bad drug experience; see Drug Experiences.

FRENCH BLUE-Amphetamine-barbiturate pill.

FRESH AND SWEET-Just out of jail or a treatment center.

FRISCO SPEEDBALL-50% Heroin, 50% Cocaine with a dash of LSD.

FRONT-To put up money in advance for a drug transaction (thus incurring high risk or expressing great trust); to loan money.

FUZZ-The police, see Agent.

G

G-A paper funnel placed at the end of an eye dropper used to inject Heroin; see Works.

G-SHOT-A very small dose of drugs, used to stave off sickness until a full dose can be taken.

GAGE OR GAUGE-Marijuana; see Marijuana.

GANJA-West Indian name for marijuana; see Marijuana.

GASSED-"High" or under intoxicating influence of drugs; see Drug Experiences.

GASSING-Cloth material or handkerchief saturated with the chemical.

GEAR-Any belongings but especially supplies of drugs or syringes; see Works.

GEE HEAD-Paregoric abuser.

GEETIS-Money.

GEEZER-A narcotic injection.

GET HIGH-Smoke a marijuana cigarette.

GET THROUGH-To obtain drugs.

GIMMICKS-The equipment for injecting drugs.

GIN-Cocaine.

GIRL-Cocaine.

GIVE WINGS-To inject somebody with heroin by vein or to teach a person to inject the heroin himself.

GLAD RAG-Glue sniffer.

GLUEY-Young glue sniffer; sniffing gasoline fumes.

GOLD DUST-Cocaine, as the exquisite drug for some users; see Cocaine.

GOODA-Narcotics.

GOODS-Drugs.

GOOF-To give oneself up to police; to spoil an injection, either when making it up or injecting it.

GOOFBALLS-Barbiturates; large doses make the user sluggish and act "goofy" in the same way as someone who is drunk; see Barbiturates.

GOOFED UP-Under the influence of drugs.

GOOFING-Uncoordinated behavior under the influence of barbiturates.

GOW-HEAD-An opium addict.

GRASS-Marijuana; see Marijuana.

GRASSHOPPER-Marijuana smoker or user.

GRAVY-Mixture of blood and heroin which has clotted in the DROPPER and is reheated for SHOOTING.

GREENIES-Green, heart-shaped tablets of a barbiturate-amphetamine mixture.

GRIEFO-Marijuana.

GROUND CONTROL-Guide/ caretaker in an LSD session.

GUIDE-A person who gives guidance or support during a psychedelic drug experience; see LSD.

GUN-Hypodermic needle for "shooting" drugs; see Works.

GURU-An experienced LSD user who acts as a companion/ guide to one who is on a trip.

H

H-Heroin; see Heroin.

H and C-Hot and cold, heroin and cocaine mixture; see Heroin, Cocaine.

HABIT-Addiction to drugs (physical dependence). Also: Jones, Monkey; see Weekend Habit, Ice-Cream Habit.

HABITUATION-As defined in 1957 by World Health Organization, drug habituation is a condition, resulting from the repeated consumption of a drug, which includes these characteristics: (1) a desire (but not a compulsion) to continue taking the drug for the sense of improved well-being that it engenders; (2) little or no tendency to increase the dose; (3) some degree of psychic dependence on the effect of the drug, but absence of physical dependence and, hence, no abstinence syndrome; (4) a detrimental effect, if any, primarily on the individual.

HALLUCINATION-A sensory experience which does not exist outside the mind of an individual and is a false perception of the real conditions.

HALLUCINOGEN-Any of several drugs, popularly called psychedelics, which produce sensations such as distortions of time, space, sound, color and other bizarre effects. While they are pharmacologically non-narcotic, some of these drugs (e.g., marijuana) are regulated under Federal narcotic laws.

HALLUCINOGENIC-Causing or producing hallucinations.

HANG-UP-A personal problem.

HAPPENING-A visual-auditory experience with or without drugs.

HARD STUFF-Strong, narcotic drugs such as heroin, morphine and opium; see Heroin.

HARNESS BULLS-Uniformed officers.

HARRY-Heroin.

HASH-Hashish or marijuana; see Marijuana.

HASHISH-A strong form of marijuana; see Marijuana.

HAWK, THE-LSD; see LSD.

HAY-Marijuana; see Marijuana.

HEAD(Pothead, Acid head)-One high as much of the time as possible on LSD, Marijuana, or Hashish.

HEAD GAMES-Mental tricks played on a person using a drug and thus suggestible.

HEARTS-Benzedrine or Dexedrine, brands of amphetamines; see Amphetamines.

HEAT-The police; see Agent.

HEAVENLY BLUES-A type of morning-glory seeds.

HEELED-Well-supplied with money and/or drugs.

HEMP-Marijuana; see Marijuana.

TO BE HEP-To understand.

HEROIN-A narcotic in the form of a white, crystalline powder, the manufacture and importation of which are prohibited in this country by Federal law.

HIGH-To be under the influence of drugs; to be under the influence of any substances with a potential for dependence, including alcohol.

HIP-To be "in the know". First used to identify opium smokers, who, because they rested on their right sides while smoking, tended to develop hard callouses on their right hips.

HIPPIES-Persons believing in a way of life based on love and beauty and considering it possible to gain deep insights into life and themselves through the use of marijuana, LSD, and hallucinogenic drugs.

HIT-To buy drugs or to be arrested; an injection of drugs, a puff on a marijuana cigarette or hashish pipe.

TO HIT ON-To try to buy drugs.

HOCUS-A narcotic solution ready for injection.

HOG-Phencyclidine-hydrochloride.

HOLDING-In possession of narcotics.

HOOKED-Physically addicted to a drug.

HOP HEAD-A narcotic addict; restricted to opiate users in addict usage.

HORN-To sniff powdered narcotics into nostrils.

HOPPED UP-Under the intoxicating influence of drugs; see Drug Experiences.

HORRORS-Terrifying dreams and hallucinations caused by LSD and other hallucinogenic drugs; see Drug Experiences.

HORSE-Heroin; see Heroin.

HOT-Wanted by the police.

HOT SHOT-A fatal and usually strong - or even full strength - dose of a narcotic or a mixture of a poison and a narcotic given to a troublesome addict or one who has betrayed sellers to the police.

HUNG-UP-Unable to obtain drugs; depressed, let down, disappointed; see Drug Experiences.

HUSTLE-To obtain money for drugs by illegal or shady means; to act as a prostitute.

HYPE-Narcotic addict; one who injects narcotics into veins.

HYPNOTIC-An agent that induces sleep.

HYPO-Narcotics addict.

I

ICE CREAM HABIT-An off-and-on use of drugs.

IN-Being involved or accepted; a popular drug.

INDIAN HEMP-Inaccurate term popularly used to describe all forms of cannabis; see Marijuana.

INSTANT ZEN-LSD; see LSD.

INTOXICATION-The temporary reduction of mental and physical control or the stupefaction of normal functions because of the effects of drugs, or other substances.

J

J-See Joint.

JACK UP-To inject a drug; also Sodium Amytal.

JAG-Under influence of amphetamine sulfate.

JEFFERSON AIRPLANE-Paper match, split and used to hold the butt of a marijuana cigarette. (see roach holder)

JELLY BABIES-Amphetamine pills; see Amphetamines.

JIVE-Marijuana.

JIVE STICK-Marijuana cigarette.

JOB-To inject drugs.

JOINT-A marijuana cigarette; see Marijuana.

JOLLY BEANS-Amphetamine pills; see Amphetamines.

JOLT-Effect of a drug; an injection of narcotic.

JONES-A drug habit.

JOY-POP-To inject small doses of drugs irregularly; sub-cutaneous use.

JOY-POPPER-Occasional user of narcotics.

JOY POWDER-Heroin.

JOYSTICK-Marijuana cigarette; see Marijuana.

JUICER-One who prefers alcohol to other drugs; a lush or alcoholic.

JUNK-Narcotics or "hard" drugs sometimes refers to poor quality drugs; see Heroin.

JUNKIE-An addict especially one who sells drugs; see Pusher.

JUVENIES-Juvenile officers.

JUVIES-Juvenile officers.

K

KEY-Kilogram (2.2 lb.) of a drug, usually marijuana, hashish or opium; see BRICK.

KICK-To stop using drugs; see Wtihdrawal; effect of a drug.

KICKS-Sheer pleasure of hedonism; used disapprovingly by drug foes, approvingly by HEADS.

KICK THE HABIT-To stop using drugs.

KICK PARTIES-Parties or sessions where LSD is used.

KIEF-Arabic for Marijuana in dried resin form.

KIF-Moroccan cannabis preparation.

KILO-Kilogram, the equivalent of 2.2 pounds; the usual package of marijuana sold in Mexico.

KIT-Paraphernalia for injecting narcotics.

KNOCKED OUT-Under the influence of narcotics.

L

LSD - LYSERGIC ACID DIETHYLAMIDE-The most potent hallucinogen known. Terms and slang names for LSD - The Hawk, Instant Zen, Sugar, Acid, The Chief, Big D, Blue Acid. See also: Acid head, Flashback, Niacinamide, Guide, Flip-out, Horrors, Blow your mind.

LACE-Money.

LAY-OUT-Equipment for taking drugs; paraphernalia for injecting narcotics.

LEMONADE-Poor heroin.

LID-Approximately 1 ounce of marijuana.

LID POPPERS-Amphetamines; see Amphetamines.

LIFT-The temporary escape from mental depression given by some drugs; see Drug Experiences.

LIPTON TEA-Poor quality narcotics.

LIT UP-To be under the influence of drugs.

LOAD-Package of about 25 DECKS of narcotics.

LOCOWEED-Marijuana.

LONG GREEN-Money.

LOUSED-To be covered by sores and abscesses as a result of unsterile equipment.

M

M-Morphine.

MACHINE-Syringe; see Works.

MACHINERY-Equipment for injecting drugs.

MAINLINE-To inject drugs directly into a vein; any main vein used for injecting narcotics.

MAINLINER-One who injects narcotics into veins.

MAINTAINING-Keeping at a certain level of drug effect.

MAKE A BUY-To purchase drugs.

TO MAKE IT-To try to buy drugs.

MAKE A MEET-To purchase drugs.

MAN, THE MAN-A policeman (sometimes a drug dealer or anyone with authority); see Agent.

MANICURED-High-grade marijuana, undiluted by seeds or stems; see Marijuana.

MARIJUANA-The most popular hallucinogen, smoked in a cigarette or pipe; made from the resin of the female hemp plant. Also: Acapulco gold, cannabis, Congo mataby, dagga, gage, ganga, grass, hash, hashish, hay, hemp, Indiam hemp, kief, Mary Jane, Panama red, pot, rope, tea, Texas tea, weed; see also: blow

MARIJUANA, continued-a stick, joint, joystick, pack, reefer, roach, rolling up, stick, brick, cook up, manicured, salt and pepper, stoned, weed-head.

MARY-Marijuana cigarette.

MARY JANE, MARY WARNER-Marijuana, see Marijuana.

MATCH BOX-Marijuana container.

MESC-Mescaline.

MESCALINE-The active ingredient in the peyote cactus; hallucinogenic drug.

METH-Methedrine, an amphetamine; see Methedrine.

METHEDRINE-A powerful amphetamine. Also: meth, speed; see Amphetamine.

METHAMPHETAMINE-One of the amphetamine drugs. The most common methamphetamine in drug abuse in the United States is Methedrine, nicknamed Speed by drug abusers.

METHHEADS-Chronic and heavy users of Methedrine.

MEZZ-Obsolete term for marijuana.

MIC, MIKE-Microgram (millionth of a gram).

MICKEY FINN-Chloral hydrate.

MIKES-Micrograms.

MISS EMMA-Morphine.

MOJO-Narcotics.

MONKEY-A drug habit involving physical dependence.

MOTA GRIFA-Marijuana.

MORPHINE-A form of opium.

MOTA, MUTA-Mexican slang for marijuana.

MUD-Crude opium; sometimes marijuana.

MUGGLEHEAD-Marijuana smoker or user.

MUGGLES-Marijuana.

MUTAH-Marijuana.

N

NAIL-Hypodermic needle.

NARC-A narcotic agent

NARCO-A narcotic agent.

NARCOLAND-The fanciful world of addicts.

NARCOTIC-This term has two definitions. Medically defined, a narcotic is any drug that produces sleep or stupor and also relieves pain. Legally defined, the term means any drug regulated under the Harrison Act and other Federal narcotic laws. Some of these regulated drugs are pharmacologically non-narcotic. (e.g., cocaine); a drug that dulls the senses, relieves pain and induces sleep; large doses may result in stupor, coma or convulsions, heroin, morphine and opium are narcotics.

NEEDLE-Hypodermic syringe used to inject drugs; see Works.

NEMMIES-Nembutal.

NIACINAMIDE-An antidote for LSD; used to interrupt a bad trip; see LSD.

NICKEL BAG-A five-dollar purchase of narcotics.

NIMBY-Nembutal, a brand of barbiturate; see Barbiturate.

NOD-To behave in a lethargic manner, if not a somnolent one, when under the influence of drugs, usually narcotic.

O

O-Opium.

OD-Overdose of drugs-can be lethal.

OFF-No longer under the influence of drugs; see Withdrawal.

ON A TRIP-Under the influence of LSD or another hallucinogen; see Drug Experiences.

ON THE BEAM-Under the influence of marijuana.

ON THE NOD-Under the intoxicating influence of drugs, especially the stupor immediately following the injection of a narcotic such as heroin; see Drug Experiences.

ON THE STREET-Out of jail.

ON THE STUFF-Regular user or addict.

OPIUM-The milky juice of the seedpod of the opium poppy that has narcotic and analgesic properties and from which morphine, codeine, and heroin are derived. These substances are known as opiates.

ORANGES-Dexedrine, a brand of amphetamine; see Amphetamine.

OUT OF IT-Not in touch, such as when under the influence of drugs; see Drug Experiences.

OUT OF THE BODY-The feelings a person experiences while he is under the influence of LSD.

OVERCHARGED-Under the influence of an overdose of narcotics; see Drug Experiences.

OUT OF THIS WORLD-Under the influence of marijuana.

OUTFIT-Paraphernalia for injecting narcotics.

OUTSIDE OF MYSELF-The feelings a person experiences while he is under the influence of LSD.

P

PACK-A packet of drugs, usually heroin.

PANAMA RED-High grade marijuana; almost as prime as Acapulco Gold; see Marijuana.

PANIC-A lack or diminished supply of narcotics resulting from a police raid on a supply point.

PAPER-Various amounts of a narcotic; small packet of narcotics.

PCP-Phencyclidine hydrochloride; a powerful hallucinogen which is mixed with parsley and smoked.

PARANOID-A person suffering from mental disorder in which he has unsubstantiated fears that others are threatening him or are hostile to him.

PEACHES-Benzedrine, a brand of amphetamine; see Amphetamine.

PEANUTS-Barbiturates; see Barbiturates.

PEARLY GATES-A type of morning-glory seeds.

PEDDLER-Dealer in drugs.

PEYOTE-A variety of cactus containing the hallucinogenic ingredient mescaline.

P.G. or P.O.-Paregoric.

PHARMACOLOGY-The science dealing with the production, use, and effects of drugs.

PHYSICAL DEPENDENCE-Physiological adaptation of the body to the presence of a drug. In effect, the body develops a continuing need for the drug. Once such dependence has been established, the body reacts with predictable symptoms if the drug is abruptly withdrawn. The nature and severity of withdrawal symptoms depend on the drug being used and the daily dosage level attained.

PICK UP-A new customer for drugs; a shot of narcotics usually given another addict as a gift of favor.

PIECE-A container of drugs; usually an ounce of narcotics.

PILL FREAK-Dangerous drug user.

PILLHEAD-Person taking pills, usually amphetamines; see Amphetamines.

PILLY-Dangerous drug user.

PIN-Thin, well-rolled, marijuana cigarette.

PINKS-Seconal, a brand of barbiturate; see Barbiturates.

PLANT-A cache of drugs; an undercover narcotics agent or policeman pretending to be a drug user so as to gain leads or suspects; form of entrapment where agents conceal or pretend to find drugs on a suspected user or in his room or vehicle.

POINT-Paraphernalia for injecting narcotics.

POP-To inject drugs, especially under the skin.

POT-Marijuana; see Marijuana.

POTENTIATION-Potentiation occurs when the combined action of two or more drugs is greater than the sum of the effects of each drug taken alone. Potentiation can be very useful in certain medical procedures. For example, physicians can induce and maintain a specific degree of anesthesia with a small amount of the primary anesthetic agent by using another drug to potentiate the primary anesthetic agent. Potentiation may also be dangerous. For example, barbiturates and many tranquilizers potentiate the depressant effects of alcohol.

PSILOCYBIN-The psychedelic chemical in the psilocybe mushroom which acts as a hallucinogen.

PSYCHEDELIC-A drug such as LSD, psilocybin, or mescaline; or to the intensified perception of the senses which these drugs produce.

PSYCHIATRIST-A physician who specializes in the treatment of mental disorders.

PSYCHOLOGICAL DEPENDENCE-An attachment to drug use which arises from a drug's ability to satisfy some emotional or personality need of an individual. This attachment does not require a physical dependence, although physical dependence may seem to reinforce psychological dependence. An individual may also be psychologically depend-

ent on substances other than drugs.

PSYCHOSIS-A major mental disorder; any serious mental derangement. "Psychosis" replaces the old term "insanity."

PSYCHOTIC-Relating to or caused by severe mental disorder or disease.

PURPLE HEARTS-Phenobarbital (luminal).

PUSH-To sell drugs illegally.

PUSHER-A person who sells illegal drugs. Also: big man, broker, bag man, dealer, connection, junkie.

PUT ON-To deceive or confuse intentionally.

Q

QUILL-A folded matchbox cover from which narcotics are sniffed through the nose.

R

RAINBOWS-Tuinal, a brand of barbiturate; amobarbital and secobarbital.

RAP-To talk while under the influence of drugs.

READER-A legitimate prescription for narcotics used in medicine; morphine is sometimes prescribed.

RED BIRDS-Seconal.

RED DEVILS-Seconal, a brand of barbiturate; see Barbiturates.

REDS-Seconal.

REEFER-A marijuana cigarette; see Marijuana.

REENTRY-Return from an LSD "trip".

RIP OFF-To steal.

ROACH-A butt of marijuana cigarette; these are saved to make new cigarettes; see Marijuana.

ROACH HOLDER-Device for holding the butt of a marijuana cigarette.

ROLLING UP-Making a marijuana cigarette; see Marijuana.

ROPE-Marijuana; see Marijuana.

ROSES-Benzedrine, a brand of amphetamine; see Amphetamines.

RUN-An amphetamine binge; period of narcotic addiction; period of drug use without sleep.

RURAL FREE DELIVERY (RFD)-An addict who visits small-town doctors, attempting to obtain legal prescriptions for narcotics such as morphine.

RUSH-Beginning of euphoria after shooting, inhaling or swallowing one's drug, often prized as the most pleasurable part of the drug experience; precedes the HIGH or prolonged euphoria.

S

STP-A highly potent hallucinogen.

SALT AND PEPPER-Impure or low-grade marijuana; see Marijuana.

SAM-A federal narcotic agent; see Agent.

SATCH COTTON-Cotton used to filter a solution of narcotics before injection; addicts may soak this cotton and use the solution when drugs are not available; see Works.

TO HAVE SAVVY-To understand.

SCAG-Heroin.

SCHIZOPHRENIA-A mental disease marked by loss of contact with reality and disintegration of personality.

SCORE-To buy drugs, especially after a long search.

SCRATCHING-Searching for drugs.

SCRIPT-Doctor's prescription.

SEDATIVE-An agent which quiets or calms activity.

SEGGY-'Seconal' (brand of secobarbital, Eli Lilly and Company) capsules.

SET UP-To "frame" a drug seller or user by PLANTING drugs or by arranging a sale to a narcotics agent.

SHOOT-To inject drugs.

SHOOTING GALLERY-A place where addicts gather to inject drugs.

SHOOT UP-To inject drugs.

SHOT-Dose of a narcotic.

SICK-Nervous or jittery because of need or desire for narcotic injection.

SIDE EFFECTS-A given drug may have many actions on the body. Usually one or two of the more prominent actions will be medically useful. The others, usually weaker effects, are called side effects. They are not necessarily harmful, but may be annoying.

SITTER-LSD veteran who guides new user during trips; also called travel agent.

SKIN-Cigarette paper.

SKIN POP-To inject drugs under the skin.

SKIN POPPER-Occasional user of narcotics.

SLAMMED-In jail.

SLEEPERS-Barbiturates in general; see Barbiturates.

SMACK-Heroin; to sniff powdered narcotics into nostrils.

SMOKE-Wood alcohol.

SNEEZE IT OUT-Attempt to break the habit.

SNIFF-To sniff narcotics (usually heroin or cocaine) through the nose.

SNIPE-Marijuana cigarette butt.

SNOP-Marijuana.

SNORK-Use marijuana or hash.

SNORT-To take drugs by sniffing through the nose.

SNOW-Cocaine; see Cocaine.

SOURCE-See DEALER.

SPACED OUT-HIGH on a hallucinogen; in a state of altered consciousness and non-communication.

SPEED-Methamphetamine hydrochloride (trade name, Methedrine) see Amphetamines.

SPEEDBALL-A mixture of cocaine and heroin or morphine; see Cocaine, Heroin.

SPEED FREAK-One constantly high on amphetamines.

SPIKE-Needle; see Works.

SPLIT-To leave or run away.

SPOON-A measure of drug to be injected, usually referring to about 1 gram of amphetamines; sixteenth of an ounce of heroin.

SQUARE-A person who does not use drugs.

STACK-A quantity of marijuana cigarettes.

STASH-A hidden supply of drugs.

STICK-A marijuana cigarette; see Marijuana.

STIMULANT-Any of several drugs which act on the central nervous system, producing excitation, alertness and wakefulness. Medical uses include the treatment of mild depressive states, overweight and narcolepsy--a disease characterized by an almost overwhelming desire to sleep.

STONED; STONED OUT OF YOUR MIND-Being under the influence of marijuana; see Marijuana, Drug Experiences.

STOOLIE-Informer.

STRAIGHT-Not using drugs; not connected with the drug scene; used disparagingly by HEADS; to avoid incipient withdrawal symptoms and return to narcotic euphoria ("Get straight").

STREET, THE-The addict's world, outside of prison and treatment centers.

STRUNG OUT-Regular user or addict, under the influence of a drug.

STUFF-Drug.

SUGAR-LSD; see LSD; Heroin.

TO SUGAR DOWN-To adulterate narcotics.

SWEETIES-Preludin (British term).

T

T-Marijuana.

TAB-Tablet.

TASTE-Various amounts of a narcotic.

TEA-Marijuana or hashish.

TEAHEAD-Marijuana smoker or user.

TEA PARTY-Marijuana smoking party.

TEENY-BOPPER-A teenage hippie out for kicks.

TEXAS TEA-Marijuana; see Marijuana.

THINGS-Various amounts of a narcotic.

THOROUGHBRED-A high-type hustler who sells pure narcotics

TIE UP-To wrap a necktie, belt, etc. around an arm or leg prior to injecting a drug.

TOKE-To smoke a marijuana cigarette.

TOKE UP-Light a marijuana cigarette.

TOLERANCE-With many drugs, a person must keep increasing the dosage to maintain the same effect. This characteristic is called tolerance. Tolerance develops with the baribiturates, with amphetamine and related compounds, and with opiates; the phenomenon which occurs as an individual becomes physically dependent on an addicting drug, such as heroin. As his "tolerance" builds, he needs more and more of the drug for the same effect.

TOLUENE-A highly volatile solvent, a main ingredient of most glues and plastic cement.

TOOIES-Tuinal, a brand of barbiturate; see Barbiturates.

TORCH UP-Light a marijuana cigarette.

TOUR GUIDE-An experienced LSD user who helps or guides a new user.

TOXIC EFFECTS (POISONING)-Any substance in excessive amounts can act as a poison or toxin. With drugs, the margin between the dosage that produces beneficial effects and dosage that produces toxic or poisonous effects varies greatly. Moreover, this margin will vary with the person taking the drug.

TOXY-Smallest container of prepared opium.

TOY-A small, flat, coin-shaped container for opium.

TRACKS-Scars along veins after many injections.

TRAVEL AGENT-An LSD supplier.

TRIP-The experience resulting from hallucinogens or psychedelics such as LSD.

TRUCK DRIVERS-Amphetamines; refers to the use of these stimulants by gypsy truck drivers who try to stay behind the wheel for long stretches; see Amphetamines.

TUNED IN-Sympathetic to LSD use, or using it; Feeling the effects of LSD.

TURKEY-A harmless substance sold as a drug.

TURNED OFF-No longer under the influence of drugs; see Withdrawal; To have lost interest or enthusiasm for something.

TURNED ON-To be excited or enthralled by something, often drugs; almost always refers to a sensory experience; under the influence of drugs.

TURN ON-Light a Marijuana cigarette.

TURPS-Olixir or Terpin Hydrate with Codein, a cough syrup.

TWENTY-FIVE-LSD.

TWIST-Marijuana cigarette.

U

UNCLE-A federal narcotics agent; see Agent.

UP-Under the intoxicating influence of drugs; see drug experiences.

UP TIGHT-Under stress; see Drug Experiences.

UPS-Amphetamines; see Amphetamines.

USER-Usually refers to user of drugs, one who takes drugs either regularly or irregularly.

V

VOLATILE LIQUID-A liquid that changes rapidly and easily into a vapor as in the case of the evaporation of gasoline.

VOYAGE-The experience one has when under the influence of LSD.

W

WAD-Glue sniffer.

WAKE-UPS-Amphetamines; see Amphetamines.

WASHED UP-Withdrawn from drugs.

WASTED-In a deep drug stupor; very Stoned.

WAY OUT-Under the influence of marijuana.

WEED-Marijuana; see Marijuana.

WEED-HEAD-A frequent user of marijuana; see marijuana.

WEEKEND HABIT-A small, irregular habit.

WEEKEND HIPPIE-A person who lives a "normal" life during the week but who lives the part of a hippie-usually including drugs-on the weekend.

WEIGHT-Bulk amounts of any drug ("He usually dealt weight, but I copped a lid off him.")

WHISKERS-Narcotic agents or local police; see Agent.

WHITES-White amphetamine tablets; see Amphetamines.

WHITE STUFF-Heroin; Morphine.

WIRED-To be addicted or habituated.

WITHDRAWAL-Phenomenon which occurs when an individual who is physically dependent on a drug stops taking that drug. Symptoms include nausea, dizziness, chills, runny nose and itching. Also: agonies, break the habit, clear up, cold turkey, dried out, kick off, turned off.

WORKS-Equipment for injecting narcotics. Also: arsenal, artillery, cannon, cooker, cotton, "G", gun, machine, needle, piece, satch cotton, spike, factory, equipment, gear.

Y

YELLOW JACKETS-Nembutal, a brand of barbiturate; see Barbiturates, Pentobarbital.

YEN-Desire for narcotics.

YEN HOOK-Instrument used in opium smoking.

YEN SHEE-Opium ash.

YEN SHEE SUEY-Opium wine.

YEN ASLEEP-A drowsy, restless state during a drug withdrawal period.

YOUNGBLOOD-Young person starting to use Marijuana.

Z

ZIGZAG-Brand of cigarette papers used for marijuana cigarettes.

ZONKED-See STONED; WASTED.

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